Eligibility Form
(Record 01*)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE01				DATE01		
Person Interviewed	TYPE01				TYPE01		
Age	AGE01				AGE01		
Birth date	BIRTH01				BIRTH01		
Race	RACE01				RACE01		
Race other than those listed	ROTHER01				ROTHER01		
Of Hispanic Origin?	HISP01				HISP01		
Gender	GEND01				GEND01		
Marital Status	MARIT01				MARIT01		
What is the highest grade or year of school you have ever completed?	GRADE01				GRADE01		
What best describes the kind of work you have done most of your life?	OCCUP01				OCCUP01		
Other lifetime occupation not listed	SOCCUP01				SOCCUP01		
Please look at this card while I read it all to you. Then tell me which one best describes your current occupation:	CUROC01				CUROC01		
Other current occupation not listed	OCUROC01				OCUROC01		

* The data in this form is baseline information only; thus, no table for Years 8-12 is included.

Eligibility Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Which of the income groups on this card represents your total combined family income, before taxes, for the past 12 months?	INCOME01				INCOME01		
Would you say, in general, your health is: **	HEALT01	HLTH137		HLTH129	HEALT01	HLTH159	HLTH159
How would you say your health compares to other persons of your age? Would you say your health is: **	RLHLTH01	HLTH237		HLTH229	RLHLTH01	HLTH259	
During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury?	BED01				BED01		
What illness caused you to stay in bed?	ILL01				ILL01		
Other illness not listed	ILLSPC01				ILLSPC01		
Have you been told by a doctor that you currently have any of the following conditions:							
- lung disease, emphysema, or bronchitis?	LUNG01				LUNG01		
- nervous or emotional disorder?	NERV01				NERV01		
- high blood pressure?	HIBP01				HIBP01		
- hearing problems?	HEAR01				HEAR01		

Eligibility Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
- vision problems not corrected with glasses?	VISION01				VISION01		
- kidney disease?	KIDNEY01				KIDNEY01		
- heart disease?	HEART01				HEART01		
- diabetes?	DIAB01				DIAB01		
- arthritis?	ARTH01				ARTH01		
- disability from stroke?	STROKE01				STROKE01		
Have you ever been diagnosed with cancer?	DIAG01				DIAG01		
Are you currently undergoing active treatment for cancer?	TREAT01				TREAT01		
Have you had cancer during the past five years?	FIVE01				FIVE01		
Please tell me the type of cancer you had:							
- lung	LUNG101				LUNG101		
- breast	BREAS101				BREAS101		
- stomach	STOM101				STOM101		
- liver	LIVER101				LIVER101		
- colon	COLON101				COLON101		

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
- rectal	RECT101				RECT101		
- pancreas	PANC101				PANC101		
- esophagus	ESOPH101				ESOPH101		
- lymphoma	LYMPH101				LYMPH101		
- multiple myeloma	MULT101				MULT101		
- brain	BRAIN101				BRAIN101		
- prostate	PROST101				PROST101		
- acute leukemia	LEUK101				LEUK101		
- melanoma	MELA101				MELA101		
- non-melanoma skin cancer	NONME101				NONME101		
- chronic leukemia	CHRON101				CHRON101		
Other cancer not listed (yes or no)	OTHYN101				OTHYN101		
Other cancer not listed (name)	OTHER101				OTHER101		
Have you smoked more than 100 cigarettes or 5 packs of cigarettes in your lifetime:	SMOKE101				SMOKE101		
Have you smoked cigarettes during the last 30 days?	SMOKE201				SMOKE201		

Eligibility Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
How tall are you? (_____ft, _____in)	FEET01 INCHES01				FEET01 INCHES01		
How much do you weigh?	WEIGHT01				WEIGHT01		
Because of any physical or health problem, do you need the help of other persons with your personal care needs, such as eating , bathing, dressing or getting around the home?	CARE01				CARE01		
Because of any physical or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes?	NEEDS01				NEEDS01		
Can you do the following activities without difficulty?							
- walk a 1/2 mile or about 5-6 blocks?	MILE01				MILE01		
- walk up 10 steps?	STEPS01				STEPS01		
- get out of bed or a chair?	BED101				BED101		
- walk around your home?	HOME01				HOME01		

Eligibility Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Are you able to walk from room to room independently or with a cane or walker?	CANE01				CANE01		
Are you planning to live in this community for the next three years?	STAY01				STAY01		
Are you able to travel by car, van or bus to the clinic center?	TRAVEL01				TRAVEL01		
Are you on a waiting list to enter a nursing home?	WAIT01				WAIT01		
Are you participating in the ARIC Study, Systolic Hypertension in Elderly Study, or NHANES III?	ARIC01				ARIC01		
Is the individual eligible?	ELGBL01				ELGBL01		
Are you willing to participate in this study?	WILL01				WILL01		
How many people over 64 live here?	NUMBER01				NUMBER01		
Household ID number	HSHOLD01				HSHOLD01		
Relationship of household member	HHREL01				HHREL01		
Interviewer IDNO	INTID01				INTID01		

Alert Form
(Record 02)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE02	DATE02	DATE02	DATE02	DATE02	YEAR02	YEAR02
Unique Record Identifier	SEQ02	SEQ02	SEQ02	SEQ02	SEQ02	SEQ02	SEQ02
Participant ID	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
Identification Date	IDDATE02	IDDATE02	IDDATE02	IDDATE02	IDDATE02	IDDATE02	IDDATE02
Type of Alert	ATYP02	ATYP02	ATYP02	ATYP02	ATYP02	ATYP02	ATYP02
Level of Alert	ALEV02	ALEV02	ALEV02	ALEV02	ALEV02	ALEV02	ALEV02
Alert Description	ALTXT02	ALTXT02	ALTXT02	ALTXT02	ALTXT02	ALTXT02	ALTXT02

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR02	YEAR02	YEAR02	YEAR02	
Unique Record Identifier	SEQ02	SEQ02	SEQ02	SEQ02	
Participant ID	IDNO	IDNO	IDNO	IDNO	
Identification Date	IDDATE02	IDDATE02	IDDATE02	IDDATE02	
Type of Alert	ATYP02	ATYP02	ATYP02	ATYP02	
Level of Alert	ALEV02	ALEV02	ALEV02	ALEV02	
Alert Description	ALTXT02	ALTXT02	ALTXT02	ALTXT02	

Reception Form
(Record 30)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	N/A						
Participant ID	IDNO						
Arrival Status	ARRIV30						
First Visit	FSTVIS30						
Hours since last ate or drank	FAST30						
Diabetic	DIAB30						
Interviewer ID	INTID30						
Holter Status	HOLTER30						
Participant Name	NAME30						

Exit Information Form
(Record 33)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable		YEAR33	YEAR33	YEAR33	YEAR33	YEAR33	YEAR33
Visit date		DATE33	DATE33	DATE33	DATE33	DATE33	DATE33
Year in study		YEAR33	YEAR33	YEAR33	YEAR33	YEAR33	YEAR33
Participant ID number		IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
Weight in pounds * Tech. ID for weight	WEIGHT13 TECHID13	WEIGHT33 TCHID133	WEIGHT33 TCHID133	WEIGHT13 TECHID13	WEIGHT13 TECHID13	WEIGHT33 TCHID133	WEIGHT33 TCHID133
Measured (15 foot) walk time ** Tech. ID for measured walk time	TIME17 INTID17	WALK33 TCHID233	TIME27 INTID27	TIME27 INTID27	TIME27 INTID27	TIME27 INTID27	TIME27 INTID27
Nutrition form done? Tech. ID for nutrition form							
Pulmonary function form done? If not, why?						PLMDON33 NOPULM33	
Is this an oximetry participant?						OXIM33	
Did participant take mylicon?				MYLICN33	MYLICN33		
Was Holter monitor worn? If not, why?							HOLTER33 NOHOLT33
Visit location		VISIT33	VISIT33	VISIT33	VISIT33	VISIT33	VISIT33
Data collected from (participant/proxy)		DATACL33	DATACL33	DATACL33	DATACL33	DATACL33	DATACL33
Reason for proxy contact If other reason, specify							WHYPRX33 PRXSPC33

* Weight was measured in Rec 13 at baseline, Year 5 & Year 11. ** Walk time was measured at baseline in Rec 17 and is in Rec 27 from Years 4 on.

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR33	YEAR33	YEAR33	YEAR33	
Visit date	DATE33	DATE33	DATE33	DATE33	
Year in study	YEAR33	YEAR33	YEAR33	YEAR33	
Participant ID number	IDNO	IDNO	IDNO	IDNO	
Weight in pounds * Tech. ID for weight	WEIGHT33 TCHID133	WEIGHT13 TECHID13	WEIGHT33 TCHID133	WEIGHT13 TECHID13	
Measured (15 foot) walk time ** Tech. ID for measured walk time	TIME27 INTID27	TIME27 INTID27	TIME27 INTID27	TIME27 INTID27	
Nutrition form done? Tech. ID for nutrition form	NUTDON33 NUTID33				
Pulmonary function form done? If not, why?		PLMDON33 NOPULM33			
Is this an oximetry participant?					
Did participant take mylicon?					
Was Holter monitor worn? If not, why?	HOLTER33 NOHOLT33				
Visit location	VISIT33	VISIT33	VISIT33	VISIT33	
Data collected from (participant /proxy)	DATACL33	DATACL33	DATACL33	DATACL33	
Reason for proxy contact If other reason, specify	WHYPRX33 PRXSPC33	WHYPRX33 PRXSPC33	WHYPRX33 PRXSPC33	WHYPRX33 PRXSPC33	

* Weight was measured in Rec 13 at baseline, Year 5 & Year 11. ** Walk time was measured at baseline in Rec 17 and is in Rec 27 from Years 4 on.

Tracking Update Form
(Record 35)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable		DATE35	DATE35	DATE35	DATE35	YEAR35	YEAR35
Key entry date		DATE35	DATE35	DATE35	DATE35	DATE35	DATE35
Year in study		YEAR35	YEAR35	YEAR35	YEAR35	YEAR35	YEAR35
Version of form		VERS35	VERS35	VERS35	VERS35	VERS35	VERS35
Key entry ID number		KEYID35	KEYID35	KEYID35	KEYID35	KEYID35	KEYID35
Interviewer ID		INTID35	INTID35	INTID35	INTID35	INTID35	INTID35
Interview Date		INTDAT35	INTDAT35	INTDAT35	INTDAT35	INTDAT35	INTDAT35
Participant ID number		IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
You previously provided us with information... is it still correct?		CHANGE35	CHANGE35	CHANGE35	CHANGE35	CHANGE35	CHANGE35
Do you plan to be out of the area 6 months from now? (if yes) Permanently or temporarily?		OUTAR35 PERM35	OUTAR35 PERM35	OUTAR35 PERM35	OUTAR35 PERM35	OUTAR35 PERM35	OUTAR35 PERM35

Tracking Update Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR35	YEAR35	YEAR35	YEAR35	
Key entry date	DATE35	DATE35	DATE35	DATE35	
Year in study	YEAR35	YEAR35	YEAR35	YEAR35	
Version of form	VERS35	VERS35	VERS35	VERS35	
Key entry ID number	KEYID35	KEYID35	KEYID35	KEYID35	
Interviewer ID	INTID35	INTID35	INTID35	INTID35	
Interview Date	INTDAT35	INTDAT35	INTDAT35	INTDAT35	
Participant ID number	IDNO	IDNO	IDNO	IDNO	
You previously provided us with information... is it still correct?	CHANGE35	CHANGE35	CHANGE35	CHANGE35	
Do you plan to be out of the area 6 months from now? (if yes) Permanently or temporarily?	OUTAR35 PERM35	OUTAR35 PERM35	OUTAR35 PERM35	OUTAR35 PERM35	

Tracking Update Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

(if permanently)
Do you know what your new address and telephone number will be?
(if yes) New street address
New city
New state
New zip code
New phone -
   Area code
   Prefix
   Last 4 digits
(if no) Do you know which general area you will be moving to?
		KNOW35
		STREET35
		CITY35
		STATE35
		ZIP35
		
		PHNA35
		PHNB35
		PHNC35
		
		AREA35
			KNOW35
			STREET35
			CITY35
			STATE35
			ZIP35
			
			PHNA35
			PHNB35
			PHNC35
			
			AREA35
				KNOW35
				STREET35
				CITY35
				STATE35
				ZIP35
				
				PHNA35
				PHNB35
				PHNC35
				
				AREA35
					KNOW35
					STREET35
					CITY35
					STATE35
					ZIP35
					
					PHNA35
					PHNB35
					PHNC35
					
					AREA35
						KNOW35
						STREET35
						CITY35
						STATE35
						ZIP35
						
						PHNA35
						PHNB35
						PHNC35
						
						AREA35
							KNOW35
							STREET35
							CITY35
							STATE35
							ZIP35
							
							PHNA35
							PHNB35
							PHNC35
							
							AREA35

(if temporarily) When will you return
   Month
   Year
		RETMO35
		RETYR35
			RETMO35
			RETYR35
				RETMO35
				RETYR35
					RETMO35
					RETYR35
						RETMO35
						RETYR35
							RETMO35
							RETYR35

Ever applied for Medicare benefits using a SSN other than your own? If so, what was it?		OTHSS35 SSNO35					

Question	Year 8	Year 9	Year 10	Year 11	Year 12

(if permanently)
Do you know what your new address and telephone number will be?
(if yes) New street address
New city
New state
New zip code
New phone -
    Area code
    Prefix
    Last 4 digits
(if no) Do you know which general area you will be moving to?
	KNOW35
	STREET35
	CITY35
	STATE35
	ZIP35
	
	PHNA35
	PHNB35
	PHNC35
	
	AREA35
		KNOW35
		STREET35
		CITY35
		STATE35
		ZIP35
		
		PHNA35
		PHNB35
		PHNC35
		
		AREA35
			KNOW35
			STREET35
			CITY35
			STATE35
			ZIP35
			
			PHNA35
			PHNB35
			PHNC35
			
			AREA35
				KNOW35
				STREET35
				CITY35
				STATE35
				ZIP35
				
				PHNA35
				PHNB35
				PHNC35
				
				AREA35	

(if temporarily) When will you return
    Month
    Year
	
	RETMO35
	RETYR35
		
		RETMO35
		RETYR35
			
			RETMO35
			RETYR35
				
				RETMO35
				RETYR35	

Ever applied for Medicare benefits using a SSN other than your own? If so, what was it?					

Missing Data Indicator Form
(Record 36)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	YEAR36	YEAR36	YEAR36	YEAR36	YEAR36	YEAR36	YEAR36
Participant ID	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
Eligibility Form *	EF36	EF36	EF36	EF36	EF36	EF36	EF36
Quality of Life	QL36	QL36	QL36	QL36	QL36	QL36	QL36
Physical Activity	PA36			PA36	PA36		
Life Events-Depression	LE36	LE36	LE36	LE36	LE36	LE36	LE36
Personal Medications	PM36	PM36	PM36	PM36	PM36	PM36	PM36
Medical History	MH36	MH36	MH36	MH36	MH36	MH36	MH36
Personal History	PH36	PH36			PH36		
Physical Function	PF36	PF36	PF36	PF36	PF36	PF36	PF36
Cognitive Function	CF36	CF36	CF36	CF36	CF36	CF36	CF36
Spirometry Questionnaire	SP36						
Phlebotomy Form	BL36			BL36	BL36	BL36	BL36
Anthropometric Form	MS36			MS36	MS36		
Zero Muddler Blood Pressure	BP36	BP36	BP36	BP36	BP36	BP36	BP36
Supine Ankle-Arm Blood Pressure	SU36				SU36		
Orthostatic Blood Pressure	OR36			OR36	OR36		

* EF36 is Tracking Update after baseline.

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Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR36	YEAR36	YEAR36	YEAR36	
Participant ID	IDNO	IDNO	IDNO	IDNO	
Eligibility Form*	EF36	EF36	EF36	EF36	
Quality of Life	QL36	QL36	QL36	QL36	
Physical Activity					
Life Events-Depression	LE36	LE36	LE36	LE36	
Personal Medications	PM36	PM36	PM36	PM36	
Medical History	MH36	MH36	MH36	MH36	
Personal History					
Physical Function	PF36	PF36	PF36		
Cognitive Function	CF36	CF36	CF36		
Spirometry Questionnaire					
Phlebotomy Form	BL36	BL36	BL36	BL36	
Anthropometric Form		MS36	MS36	MS36	
Zero Muddler Blood Pressure		BP36	BP36		
Supine Ankle-Arm Blood Pressure				SU36	
Orthostatic Blood Pressure					

* EF36 is Tracking Update after baseline.

Missing Data Indicator Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Physical Exam / Perf. Based Measures	PE36		PE36	PE36	PE36	PE36	PE36
Pulmonary Function Data	PU36						
Field Center Echo Questionnaire	CA36						CA36
Field Center Ultrasound Questionnaire	US36			US36	US36		
Field Center ECG Questionnaire	EK36	EK36	EK36	EK36	EK36	EK36	EK36
Neurologic History	NH36				NH36		
Hematology Report	HEM36			HEM36	HEM36		
Nutrition History	NU36				NU36		
Ultrasound Data from Reading Center	ULTRA36			ULTRA36	ULTRA36		
ECG Data from Reading Center	ECG36	ECG36	ECG36	ECG36	ECG36	ECG36	ECG36
Echo Data from Reading Center	ECHO36						
Blood Lab Data	CBAL36			CBAL36	CBAL36	CBAL36	CBAL36
Status of Six Month Phone Call	SV36	SV36	SV36	SV36	SV36	SV36	SV36
Status of Annual Visit	STATUS36	STATUS36	STATUS36	STATUS36	STATUS36	STATUS36	STATUS36
Vital Status at Annual Visit							VITLST36
Vital Status at Six Month Phone Call							VITLSV36
MRI Data From R.C.						MRI36	
SPOT Urine Form							

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Physical Exam / Perf. Based Measures	PE36	PE36	PE36	PE36	
Pulmonary Function Data					
Field Center Echo Questionnaire					
Field Center Ultrasound Questionnaire				US36	
Field Center ECG Questionnaire	EK36	EK36	EK36	EK36	
Neurologic History					
Hematology Report					
Nutrition History	NU36				
Ultrasound Data from Reading Center				ULTRA36	
ECG Data from Reading Center	ECG36	ECG36	ECG36	ECG36	
Echo Data from Reading Center					
Blood Lab Data	CBAL36	CBAL36	CBAL36	CBAL36	
Status of Six Month Phone Call	SV36	SV36	SV36	SV36	
Status of Annual Visit	STATUS36	STATUS36	STATUS36	STATUS36	
Vital Status at Annual Visit	VITLST36	VITLST36	VITLST36	VITLST36	
Vital Status at Six Month Phone Call	VITLSV36	VITLSV36	VITSV36	VITSV36	
MRI Data From R.C.				MRI36	
SPOT Urine Form		UR36			

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Six-minute Walk							
Audiometry							
Trails A & B							
Vibration/Tuning Fork							

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Six-minute Walk		WK36			
Audiometry				AU36	
Trails A & B				TR36	
Vibration/Tuning Fork				VB36	

Children and Study Evaluation Form*
(Record 73)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		YEAR73			
Number of Living Children		NCHILD73			
Birth Month of Child 01 Birth Day of Month of Child 01 Birth Year of Child 01 Age of Child 01 Gender of Child 01 Location of Child 01 . . . Birth Month of Child 11 Birth Day of Month of Child 11 Birth Year of Child 11 Age of Child 11 Gender of Child 11 Location of Child 11		C01MON73 C01DAY73 C01YR73 C01AGE73 C01SEX73 C01LOC73 . . . C11MON73 C11DAY73 C11YR73 C11AGE73 C11SEX73 C11LOC73			
What is liked about CHS (#1) What is liked about CHS (#2)		LIKE173 LIKE273			
Improvement to CHS (#1) Improvement to CHS (#2)		IMPR173 IMPR273			
Date of Interview Interviewer ID		INTDAT73 INTID73			

* This form was only administered at Year 9.

Informed Consent Tracking Form*
(Record 81)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable				YEAR81	

DNA Informed Consent
Type of Consent
Preparation of DNA from blood cells
Transformation of blood cells to
  cell line
Test of genes related to heart disease
Test of genes related to other
  conditions
Access to DNA by private companies
Notify physician of potentially serious
  gene condition
				CONTYP81
				BCDNA81
				
				BCLINE81
				GENEHD81
				
				GENEOT81
				PRIVCO81
				
				NOTIFY81	

Other Study Data Permission for use of study data Main study goals only CHS Researchers only Other Restrictions Specify Other Restrictions Send CHS Results to Doctors Partial consent for sending specified Access Medical Records Partial consent for access specified				STUDY81 GOALS81 CHS81 OTHRES81 OTHSPC81 SEND91 SENSPC81 MEDREC81 MEDSPC81	
Date of Interview Interviewer ID				INTDAT81 INTID81	

*This form administered for the first time in Year 11.

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Calculated Variables

TRACKING/DEMOGRAPHIC VARIABLES	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Age (corrected)	AGE	AGE	AGE	AGE	AGE	AGE	AGE
Enrollment date	INITDATE (VISDATE)				INITDATE		
Cohort				PERSTAT	PERSTAT	PERSTAT	PERSTAT
Season enrolled	SEASON				SEASON		
Year of study		YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
Time since study entry (days)		STDYTIME	STDYTIME	STDYTIME		STDYTIME	STDYTIME

TRACKING/DEMOGRAPHIC VARIABLES	Year 8	Year 9	Year 10	Year 11	Year 12
Age (corrected)	AGE	AGE	AGE	AGE	
Enrollment date					
Cohort	PERSTAT	PERSTAT	PERSTAT	PERSTAT	
Season enrolled					
Year of study	YEAR	YEAR	YEAR	YEAR	
Time since study entry (days)	STDYTIME	STDYTIME	STDYTIME	STDYTIME	

Medical History Form
(Records 06,07,29,37,39,57,59)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date selection variable	DATE07	DATE37	DATE39	KDATE29	KDATE57	YEAR59	YEAR59
Self or Interviewer-administered survey Completed by: participant or proxy			ADMIN39	ADMIN29	ADMIN57	ADMIN59	ADMIN59
Interviewer or Reviewer	INTID07	INTID37	INTID39	INTID29	INTID57	INTID59	INTID59
Interview Date	INTDAT07	INTDAT37	INTDAT39	INTDAT29	INTDAT57	INTDAT59	INTDAT59

EVENTS Has a dr ever told you that you had.........a (new) MI
  (a new incident of) CHF
  (a new incident of) Angina
  (a new incident of) Claudication
  a (new) stroke
  a (new) TIA
	MI07
	HRTFLR07
	ANGINA07
	CLAUD07
	STK22
	TIA22
		MI37
		CHF37
		ANG37
		CLD37
		STK37
		TIA37
			NEWMI39
			NEWCHF39
			NEWANG39
			NEWCLD39
			NEWSTK39
			NEWTIA39
				NEWMI29
				NEWCHF29
				NEWANG29
				NEWCLD29
				NEWSTK29
				NEWTIA29
					MI57
					CHF57
					ANGINA57
					CLD57
					STK22
					TIA22
						NEWMI59
						NEWCHF59
						NEWANG59
						NEWCLD59
						NEWSTK59
						NEWTIA59
							NEWMI59
							NEWCHF59
							NEWANG59
							NEWCLD59
							NEWSTK59
							NEWTIA59

ARIC CHF Q=s: Have you ever...
  had to sleep on >= 2 pillows
  awakened at night by trouble breath.
  had swelling of your feet or ankles
    come during day and go at night?
	PILLOW07
	AWAKEN07
	SWELL07
	CMDAY07
		PILLOW37
		AWAKEN37
		SWELL37
		CMDAY37
			PILLOW39
			AWAKEN39
			SWELL39
			CMDAY39
				PILLOW29
				AWAKEN29
				SWELL29
				CMDAY29
					PILLOW57
					AWAKEN57
					SWELL57
					CMDAY57
						PILLOW56
						WKTRBR56
						SWELL59
						CMDAY59
							PILLOW59
							GSPCHK59
							SWELL59
							CMDAY59

During the last 30 days, did you...
 Start taking any medication?
  What medication?
 Stop taking any medication?
  What medication?
 Change the dosage of any medication?
  What medication?
  Did the dosage increase/decrease?
		STARTM37
		START137...
		STOPM37
		STOP137
					STARTM57
					START157...
					STOPM57
					MED1N57...
						STMED59
						
						STPMED59
						
						CHDOSE59
						DOSNM159...
						DOSE159
							STMED59
							
							STPMED59
							
							CHDOSE59
							DOSNM159...
							DOSE159

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Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date selection variable	YEAR59	YEAR59	YEAR59	YEAR59	
Self or Interviewer-administered Completed by: participant or proxy	ADMIN59	ADMIN59	ADMIN59 DATACL59	ADMIN59 DATACL59	
Interviewer or Reviewer	INTID59	INTID59	INTID59	INTID59	
Interview Date	INTDAT59	INTDAT59	INTDAT59	INTDAT59	

EVENTS Has a dr ever told you that you had...... a (new) MI
  (a new incident of) CHF
  (a new incident of) Angina
  (a new incident of) Claudication?
  a (new) stroke
  a (new) TIA
	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59	

ARIC CHF Q=s Have you ever...
  had to sleep on >= 2 pillows
  awakened at night by trouble breath.
  had swelling of feet or ankles
    come during day and go at night?
	PILLOW59 GSPCHK59	PILLOW59 GSPCHK59	PILLOW59 GSPCHK59	PILLOW59 GSPCHK59 SWELL59 CMDAY59	

During the last 30 days, did you...
 Start taking any medication?
  What medication?
 Stop taking any medication?
  What medication?
 Change the dosage of any medication?
  What medication(s)?
  Did the dosage increase/decrease?
	STMED59 STNAM59 STPMED59 STPNAM59 CHDOSE59 DOSNM159... DOSE159	STMED59 STNAM59 STPMED59 STPNAM59 CHDOSE59 DOSNM159... DOSE159	STMED59 STNAM59 STPMED59 STPNAM59 CHDOSE59 DOSNM159... DOSE159	STMED59 STNAM59 STPMED59 STPNAM59 CHDOSE59 DOSNM159... DOSE159	

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Take any aspirin in last two weeks? On how many days?	ASPR06 DAYASP06	ASPR06 DAYASP06	ASPR06 DAYASP06	ASPR06 DAYASP06	ASPR06 DAYASP06	ASPR59 DAYASP59	ASPR59 DAYASP59

Did you take aspirin for... Headache?
  Arthritis?
  Cardiovascular protection?
  Other body aches/pains							

Rose Int. Claudication Questionnaire
Pain in either leg on walking
  when standing or sitting
  in calf or calves
  walking uphill or hurrying
  walking, ordinary pace on the level
Pain ever disappear while walking
Do what if pain while walking
If you stand still what happens to pain
  If relieved, how soon
Were you hospitalized for this problem
How far can you walk before pain
	LEGWLK07
	SIT07
	CALF07
	WLKHRY07
	LEGPC07
	LGDIS07
	LEGDO07
	LEGSTD07
	LEGSNO07
	LEGHSP07
		LEGWLK37
		SIT37
		CALF37
		WLKHRY37
		LEGPC37
		LGDIS37
		LEGDO37
		LEGSTD37
			LEGWLK39
			SIT39
			CALF39
			WLKHRY39
			LEGPC39
			LGDIS39
			LEGDO39
			LEGSTD39
			
			FARWLK39
				LEGWLK29
				SIT29
				CALF29
				WLKHRY29
				LEGPC29
				LGDIS29
				LEGDO29
				LEGSTD29
					LEGWLK57
					SIT57
					CALF57
					WLKHRY57
					LEGPC57
					LGDIS57
					LEGDO57
					LEGSTD57
					
					LEGHOS57
						LEGWLK59
						SIT59
						CALF59
						WLKHRY59
						LEGPC59
						LGDIS59
						LEGDO59
						LEGSTD59
							LEGWLK59
							SIT59
							CALF59
							WLKHRY59
							LEGPC59
							LGDIS59
							LEGDO59
							LEGSTD59

Medical Conditions and Procedures Dr told you that you have... **							

rheumatic heart or valve prob.
  ever been told
  told since last year
	VALVE07	VALVE37		RHFEV29
				RHFEV29
					RHEUM57	RHFEV59
						RHFEV59
							RHFEV59
							RHFEV59

**Questions were worded differently in different years: "Has a doctor ever told you that you have..."
  (See forms)   "Since we saw you last year has a doctor told you that you have..."
                                             "Were you ever told that you have...if so when were you first told..."

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Take any aspirin in last two weeks? On how many days?	ASPR59 DAYASP59	ASPR59 DAYASP59	ASPR59 DAYASP59	ASPR59 DAYASP59	

Did you take aspirin for... Headache?
  Arthritis?
  Cardiovascular protection?
  Other body aches/pains
			ASPHD59
			ASPART59
			ASPCPP59
			ASPOTH59
				ASPHD59
				ASPART59
				ASPCPP59
				ASPOTH59	

Rose Int. Claudication Questionnaire
Pain in either leg on walking
  when standing or sitting
  in calf or calves
  walking uphill or hurrying
  walking, ordinary pace on the level
Pain ever disappear while walking
Do what if pain while walking
If you stand still what happens to pain
  If relieved, how soon
Were you hospitalized for this problem
How far can you walk before pain
				LEGWLK59
				SIT59
				CALF59
				WLKHRY59
				LEGPC59
				LGDIS59
				LEGDO59
				
				LEGSTD59	

Medical Conditions and Procedures Dr told you that you have... **					

rheumatic heart or valve prob.
  ever been told
  told since last year
	RHFEV59
	RHFEV59
		RHFEV59
		RHFEV59
			RHFEV59
			RHFEV59
				RHFEV59
				RHFEV59	

**Questions were worded differently in different years: "Has a doctor ever told you that you have..."
    (See forms)   "Since we saw you last year has a doctor told you that you have..."
                                                         "Were you ever told that you have...if so when were you first told..."

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

High Blood Pressure: ever been told
 told since last year
  age first told
  treated for high BP
  treated since last year
  currently treated
  years treated
  months treated (if tx'd < 1 year)
  stop taking BP meds
  why did you stop
   specify
	BP07	BP37
		
		BPAGE37
		BPTRT37
		BPTRTL37
		BPTRTC37
		BPTRTY37
		BPTRTM37
		BPSTOP37
		BPWHYS37
		BPSPEC37
			BP39	HIBP29
				HIBP29
				
				MEDBP29
					BP57
					
					BPAGE57
					BPTRT57
					
					BPTRTC57
					BPTRTY57
					BPTRTM57
					BPSTOP57
					BPWHY57
					BPSPEC57
						HIBP59
						HIBP59
						
						MEDBP59
							HIBP59
							HIBP59
							
							MEDBP59

Diabetes: ever been told
 told since last year
  how long
  treated?
  how treated?
    other treatment specified
  when first told: month
       year
	DIABET07	DIABET37	DIABET39	DIABET29
				DIABET29
				
				MEDDIA29
					DIABET57
					DIABET57
					DIABYR57
					
					MEDDIA57
						DIABET59
						DIABET59
						
						MEDDIA59
							DIABET59
							DIABET59
							
							MEDDIA59

Have you ever had...
  Foot ulcers/ sores on feet
  High blood sugar
  Low Blood Sugar
  Fainting or passing out
  Eye problems							

AFIB ever been told told since last year treated?	ATRFIB07	ATRFIB37		AFIB29 AFIB29 MEDAFB29	AFIB57 MEDAFB57	AFIB59 AFIB59 MEDAFB59	AFIB59 AFIB59 MEDAFB59

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12

High Blood Pressure: ever been told
 told since last year
  age first told
  treated for high BP
  treated since last year
  currently treated
  years treated
  months treated (if tx'd < 1 year)
  stop taking BP meds
  why did you stop
    specify
	HIBP59
	HIBP59
	
	MEDBP59
		HIBP59
		HIBP59
		
		MEDBP59
			HIBP59
			HIBP59
			
			MEDBP59
				HIBP59
				HIBP59
				
				MEDBP59	

diabetes
 ever been told
 told since last year
  how long
  treated?
  how treated?
      other treatment specified
  when first told: month
            year
	DIABET59
	DIABET59
	
	MEDDIA59
		DIABET59
		DIABET59
		
		MEDDIA59
			DIABET59
			DIABET59
			
			MEDDIA59
				DIABET59
				DIABET59
				
				MEDDIA59
				DIABTR59
				DIABSP59
				DIABMO59
				DIABYR59	

Have you ever had…
  Foot ulcers/ sores on feet
  High blood sugar
  Low Blood Sugar
  Fainting or passing out
  Eye problems
				FOOTUL59
				HIBSUG59
				LOBSUG59
				FAINT59
				EYEPRB59	

AFIB ever been told told since last year treated?	AFIB59 AFIB59 MEDAFB59	AFIB59 AFIB59 MEDAFB59	AFIB59 AFIB59 MEDAFB59	AFIB59 AFIB59 MEDAFB59	

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
pulmonary embolus (ever been told)	CLTLUN07				CLTLUN57		

deep vein thrombosis
  ever been told
  told since last year
    treated?
symptoms experience in the past year
  frequently cold feet
  loss of hair on lower legs
  difficulty with wounds healing
  foot pain with walking
	CLTLEG07	CLTLEG37		THROMB29
				THROMB29
				MEDBCL29
					THROMB57
					
					MEDTHR57
						THROMB59
						THROMB59
						MEDBCL59
							THROMB59
							THROMB59
							MEDBCL59

Dr said you had other heart/circ. probs.
  ever been told
  told since last year
   specify
	CURCUL22
	
	SPECUR22
		CURCUL37
		SPECUR37
				OTHHRT29
				OTHHSP29
					CURCUL57
					
					SPECUR57
						OTHHRT59
						OTHHSP59
							OTHHRT59
							OTHHSP59

Question	Year 8	Year 9	Year 10	Year 11	Year 12
pulmonary embolus (ever been told)					
deep vein thrombosis ever been told told since last year treated? symptoms experience in the past year frequently cold feet loss of hair on lower legs difficulty with wounds healing foot pain with walking	THROMB59 THROMB59 MEDBCL59	THROMB59 THROMB59 MEDBCL59	THROMB59 THROMB59 MEDBCL59	THROMB59 THROMB59 MEDBCL59 COLDFT59 HRLOSS59 HEAL59 FTPAIN59	
Dr said you had other heart/circ. probs. ever been told told since last year specify	OTHHRT59 OTHHSP59	OTHHRT59 OTHHSP59	OTHHRT59 OTHHSP59	OTHHRT59 OTHHSP59	

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Have you ever had…
  coronary bypass surgery
  other heart surgery
  carotid endarterectomy
    side (right/left)
  leg bypass surgery
  repair of aortic aneurysm
  pacemaker implant
  coronary artery angioplasty
  lower extremity angioplasty (ever)
  Other procedure to open arteries in
   legs in the last year
     Date of procedure: Month
     Day
     Year
  angiography (ever)
  angiography in the last year?
     Date of procedure: Month
     Day
     Year
	BPSSUR07
	HRTSUR07
	CAROTI07
	SITE07
	ABTLEG07
	ANEURY07
	IMPLAN07
	CORART07
	EXTART07
				ANGIO29	BPSSUR57
					HRTSUR57
					CAROTI57
					SITE57
					ABTLEG57
					ANEURY57
					IMPLAN57
					CORART57
					EXTART57
					ANGOUT57
						ANGIO59	ANGIO59

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Have you ever had…
   coronary bypass surgery
   other heart surgery
   carotid endarterectomy
     side (right/left)
   leg bypass surgery
   repair of aortic aneurysm
   pacemaker implant
   coronary artery angioplasty
   lower extremity angioplasty (ever)
   Other procedure to open arteries in
    legs?
     Date of procedure: Month
     Day
     Year
   angiography (ever)
   angiography in the last year?
     Date of procedure: Month
     Day
     Year
	ANGIO59	OPNART59
		 OPENMO59
		 OPENDA59
		 OPENYR59
		
		 ANGIO59
		 ANGIMO59
		 ANGIDA59
		 ANGIYR59
			OPNART59
			 OPENMO59
			 OPENDA59
			 OPENYR59
			
			 ANGIO59
			 ANGIMO59
			 ANGIDA59
			 ANGIYR59
				OPNART59
				 OPENMO59
				 OPENDA59
				 OPENYR59
				
				 ANGIO59
				 ANGIMO59
				 ANGIDA59
				 ANGIYR59	

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Parkinson's disease
   ever been told
   currently being treated
   age when first told have Parkinson's
   Have trouble rising from a chair?
   Handwriting smaller than once was?
   Voice softer than once was?
   Poor balance?
   Feet freeze in doorways?
   Face less expressive?
   Arms or legs shake?
   Ever taken L-dopa or Sinemet?							

Essential Tremor
   Often have uncontrollable tremor?
   Other people say you have a tremor?
   Dr. diagnosed tremor?
   Tremor in hands or arms?
   Head shake uncontrollably							

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Question	Year 8	Year 9	Year 10	Year 11	Year 12

Parkinson's disease
   Dr ever told you that you have...
   currently being treated
   age when first told have Parkinson's
Have trouble rising from a chair?
Handwriting smaller than once was?
Voice softer than once was?
Poor balance?
Feet freeze in doorways?
Face less expressive?
Arms or legs shake?
Ever taken L-dopa or Sinemet?
				PARKMD59
				PARKTR59
				PARKAG59
				RISING59
				HANDWR59
				VOICE59
				BALANC59
				FTFRZ59
				LESSEX59
				SHAKE59
				LDOPA59	

Essential Tremor
   Often have uncontrollable tremor?
   Other people say you have a tremor?
   Dr. diagnosed tremor?
   Tremor in hands or arms?
   Head shake uncontrollably
				TRMOFT59
				TRMTEL59
				TRMDGN59
				TRMHND59
				TRMHED59	

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Uncontrollable tremors anywhere else
   Nowhere else
   Right leg
   Left leg
   Voice
   Mouth or chin
   Chest or stomach
   Other
Voice almost always tremble when talk
Hand tremble when hold pen or write
Hand shakes when drink or pour
Hand shakes when hold fork
Tremor make you spill when drink
Hands tremble when button shirt							

Duke Activity Status Index (DASI)
   Able to eat, dress, bathe, use toilet by
      yourself?
   Able to walk indoors?
   Able to walk on level ground?
   Able to climb stairs/walk uphill?
   Able to run short distance?
   Able to do light housework?
   Able to do moderate housework?
   Able to do heavy housework?
   Able to do yard work (i.e. raking)?
   Able to have sexual relations?
   Can participate in moderate
      recreational activities?
   Can participate in strenuous sports?							

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Uncontrollable tremors anywhere else
   Nowhere else
   Right leg
   Left leg
   Voice
   Mouth or chin
   Chest or stomach
   Other
Voice almost always tremble when talk
Hand tremble when hold pen or write
Hand shakes when drink or pour
Hand shakes when hold fork
Tremor make you spill when drink
Hands tremble when button shirt
				TRMNWH59
				TRMRLG59
				TRMLLG59
				TRMVOC59
				TRMMTH59
				TRMCHT59
				TRMOTH59
				TRMBTK59
				TRMBWR59
				TRMBPR59
				TRMBFK59
				TRMBCP59
				TRMBBT59	

Duke Activity Status Index (DASI)
   Able to eat, dress, bathe, use toilet by
     yourself?
   Able to walk indoors?
   Able to walk on level ground?
   Able to climb stairs/walk uphill?
   Able to run short distance?
   Able to do light housework?
   Able to do moderate housework?
   Able to do heavy housework?
   Able to do yard work (i.e. raking)?
   Able to have sexual relations?
   Can participate in moderate
     recreational activities?
   Can participate in strenuous sports?
				SLFCAR59
				INDOOR59
				LEVEL59
				CLIMB59
				RUN59
				LHWORK59
				MHWORK59
				HHWORK59
				YDWORK59
				SEXREL59
				
				MODREC59
				STREN59	

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Rose Angina Questions Have you ever had pain in chest?	CHSTPN07	CHSTPN37	CHSTPN39	CHSTPN29	CHSTPN57	CHSTPN59	CHSTPN59
Get it when you walk uphill/hurry?	HURRY07	HURRY37	HURRY39	HURRY29	HURRY57	HURRY59	HURRY59
Get it when walking ordinary pace?	ORDPAC07	ORDPAC37	ORDPAC39	ORDPAC29	ORDPAC57	ORDPAC59	ORDPAC59
What you do if get it when walking	TODO07	TODO37	TODO39	TODO29	TODO57	TODO59	TODO59
If stand still, what happens to it?	STDSTL07	STDSTL37	STDSTL39	STDSTL29	STDSTL57	STDSTL59	STDSTL59
If relieved, how soon relieved?	SOON07						
Where you get this pain/discomfort	(STERNU07	(STERNU37	(STERNU39	(STERNU29	(STERNU57	(STERNU59	(STERNU59
	STERNL07	STERNL37	STERNL39	STERNL29	STERNL57	STERNL59	STERNL59
	CHEST07	CHEST37	CHEST39	CHEST29	CHEST57	CHEST59	CHEST59
	ARM07	ARM37	ARM39	ARM29	ARM57	ARM59	ARM59
	OTHER07	OTHER37	OTHER39	OTHER29	OTHER57	OTHER59	OTHER59
	SPECW07)	SPECW37)	SPECW39)	SPECW29)	SPECW57)	SPECW59)	SPECW59)
Pain ever occur b/f last year/past 2 wk		PAIN37	PASTWK39	PASTWK29	PASTWK57	PASTWK59	PASTWK59
			PAINNO39	PAINNO29	PAINNO57	PAINNO59	PAINNO59
# of times pain past 2 weeks			SEVER39	SEVER29	SEVER57	SEVER59	SEVER59
Pain increase in severity?		PAIND37	PAIND39	PAINDR29	PAINDR57	PAINDR59	PAINDR59
Seen doctor about this pain?	CHTPN07	CHTPN37	CHTPN39	CHTPN29	CHTPN57	CHTPN59	CHTPN59
Ever had pain across chest > .5 hour?	CHTDR07	CHTDR37	CHTDR39	CHTDR29	CHTDR57	CHTDR59	CHTDR59
See a doctor b/c of this pain?	CHTDRS07	CHTDRS37	CHTDRS39	CHTDRS29	CHTDRS57	CHTDRS59	CHTDRS59
What did doctor say it was?	SPECCP07	SPECCP37	SPECCP39	CHSPEC29	CHSPEC57	SPECCP59	SPECCP59
Specify other							
LUNG AILMENTS Have you (ever) had...							
attacks of bronchitis?	BRN07	BRN37		BRONCH29	BRN57	BRONCH59	BRONCH59
was it confirmed by a doctor?	BRNDR07	BRNDR37		BRNDR29	BRNDR57	BRNDR59	BRNDR59
at what age was your first attack?	BRNT07				BRNAG57		

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Rose Angina Questions
Have you ever had pain in chest?
  Get it when you walk uphill/hurry?
  Get it when walking ordinary pace?
  What you do if get it when walking
  If stand still, what happens to it?
   If relieved, how soon relieved?
  Where you get this pain/discomfort
 	
  Pain ever occur b/f last year/past 2 wk
   # of times pain past 2 weeks
   Pain increase in severity?
   Seen doctor about this pain?
  Ever had pain across chest > .5 hour?
   See a doctor b/c of this pain?
   What did doctor say it was?
    Specify other
				CHSTPN59
				HURRY59
				ORDPAC59
				TODO59
				STDSTL59
				
				(STERNU59
				STERNL59
				CHEST59
				ARM59
				OTHER59
				SPECW59)
				PASTWK59
				PAINNO59
				SEVER59
				PAINDR59
				CHTPN59
				CHTDR59
				CHTDRS59
				CHSPEC59	

LUNG AILMENTS
Have you (ever) had...
  attacks of bronchitis?
   was it confirmed by a doctor?
   at what age was your first attack?
	BRONCH59
	BRNDR59
		BRONCH59
		BRNDR59
			BRONCH59
			BRNDR59
				BRONCH59
				BRNDR59	

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
chronic bronchitis? do you still have it? was it confirmed by a doctor? at what age did it start?	CRNC07 BRNCHV07 BRNCDR07 CRNCT07	CRNC37			CBRN57 CBRNHV57 CBRNDR57 CBRNAG57		
pneumonia? was it confirmed by a doctor? at what age was your first attack?	PNE07 PNEDR07 PNET07	PNE37		PNEU29	PNE57 PNEDR57 PNEAGE57	PNEU59	PNEU59
hay fever? was it confirmed by a doctor? at what age was your first attack?	HAY07 HAYDR07 HAYT07				HAY57 HAYDR57 HAYAG57	HAYFEV56	
emphysema do you still have it? was it confirmed by a doctor? at what age did it start?	EPH07 EPHH07 EPHDR07 EPHT07	EPH37			EMPH57 EMPHH57 EMPHDR57 EMPHAG57		
asthma? do you still have it? was it confirmed by a doctor? at what age did it start? ...at what age did it stop?	ATH07 ATHH07 ATHDR07 ATHT07 ATHST07	ATH37			ASTH57 ASTHH57 ASTHDR57 ASTHAG57 ASTHST57	ASTHMA56 ASSTIL56 ASDR56 ASLAST56 ASSTOP56	
any other chest illness? if yes, please specify	ILL07 ILLSPC07				CHILL57 CHILSP57		
any chest operations? if yes, please specify	OPT07 OPTSPC07				CHOP57 CHOPSP57		
any chest injuries? if yes please specify	INJ07 INJSPC07				CHINJ57 CHINSP57		

Question	Year 8	Year 9	Year 10	Year 11	Year 12
chronic bronchitis? do you still have it? was it confirmed by a doctor? at what age did it start?					
pneumonia? was it confirmed by a doctor? at what age was your first attack?	PNEU59	PNEU59	PNEU59	PNEU59	
hay fever? was it confirmed by a doctor? at what age was your first attack?					
emphysema do you still have it? was it confirmed by a doctor? at what age did it start?		EMPHYS59	EMPHYS59	EMPHYS59	
asthma? do you still have it? was it confirmed by a doctor? at what age did it start? ...at what age did it stop?		ASTHMA59	ASTHMA59	ASTHMA59	
any other chest illness? if yes, please specify					
any chest operations? if yes, please specify					
any chest injuries? if yes please specify					

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

LUNG AILMENTS (continued)
Do you usually have a cough?
  4-6 times a day, 4+ days per week?
  first thing in the morning?
  during the rest of the day or at night?
  on most days for 3+ consec months?
  for how many years?
	COUGH07
	COUGHN07
	CHGGET07
	CGHDAY07
	CGHMON07
	CGHYR07
		COUGH37
		
		CGHMON37
					COUGH57
					CGHMCH57
					CGHGET57
					CGHDAY57
					CGHMON57
					CGHYR57
						COUGH56
						CGH4656
						CGHMRN56
						CGHDAY56
						CGHMST56
						CGHYRS56	

Do you usually bring up phlegm?
  twice a day or 4+ days per week?
  when you get up or first thing...?
  at all during rest of day or at night?
  on most days for 3+ consec months?
  for how many years...?
	PHL07
	PHLN07
	PHLG07
	PHLR07
	PHLF07
	PHLL07
		PHL37
		
		PHLF37
					PHL57
					PHLMCH57
					PHLGET57
					PHLDAY57
					PHLMON57
					PHLYR57
						PHLEGM56
						PHL4656
						PHLMRN56
						PHLDAY56
						PHLMST56
						PHLYRS56	

chest sound wheezy when have a cold?
  apart from colds?
  most days and nights?
  for how many years?
  ever made you feel short of breath?
   how old when you had first attack?
   have you had 2+ episodes?
   ever required med. or tx for attacks?
	WZYD07
	WZYA07
	WZYDN07
	WZYL07
	WZYBR07
	WZYAT07
	WZYAF07
	WZYAM07
		WZYD37
		WZYA37
		WZYDN37
		
		WZYAM37
					WZCOLD57
					WZNOC57
					WZDN57
					WZYR57
					WZBR57
					WZAG57
					WZMULT57
					WZMED57
						WHZCLD59
						WHZAPT59
						WHZDN59
						WHZYRS59
						WHZSB59
						WHZAGE59
						WHZTWO59
						WHZMED59	

Troubled by shortness of breath...?
  walk slower than people your age...?
  have to stop walking at own pace...?
  have to stop after walking 100 yds...?
  too breathless to leave house, dress,..?
	BRTSHT07
	BRTWLK07
	BRTSTP07
	BRTHRD07
	BRTDRS07
		BRTSHT37
		BRTWLK37
		BRTSTP37
		BRTHRD37
		BRTDRS37
			BRTSHT39
			BRTWLK39
			BRTSTP39
			BRTHRD39
			BRTDRS39
					SBHUR57
					WLKSLO57
					STOPBR57
					STP10057
					LVHOUS57		

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12

LUNG AILMENTS (continued)
Do you usually have a cough?
  4-6 times a day, 4+ days per week?
  first thing in the morning?
  during the rest of the day or at night?
  on most days for 3+ consec. months?
  for how many years?					

Do you usually bring up phlegm?
  twice a day or 4+ days per week?
  when you get up or first thing...?
  at all during rest of day or at night?
  on most days for 3+ consec months?
  for how many years...?					

chest sound wheezy when have a cold?
  apart from colds?
  most days and nights?
  for how many years?
  ever made you feel short of breath?
    how old when you had first attack?
    have you had 2+ episodes?
    ever required med. or tx for attacks?					

Troubled by shortness of breath...?
  walk slower than people your age...?
  have to stop walking at own pace...?
  have to stop after walking 100 yds...?
  too breathless to leave house, dress,..?					

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Get short of breath... Resting in a chair? Walking on level ground? Walking quickly or uphill? W/light physical activity? W/moderate physical activity? W/strenuous physical activity?			BRTCHR39 BRTLVL39 BRTQIK39 BRTLT39 BRTMOD39 BRTSTR39	SBREST29 SBWKLV29 SBWKUP29 SBLACT29 SBMACT29 SBSACT29	SBREST57 SBWKLV57 SBWKUP57 SBLACT57 SBMACT57 SBSACT57	SBCHR56 SBWKLV56 SBWKQ56 SBLGHT56 SBMOD56 SBSTRN56	
Have you had a cold, the flu, a dental infection or other infections in the last two weeks?						INFTWO59	INFTWO59
Have you had a cold, the flu, a dental infection or other infections in the last week?						INFWK59	INFWK59
Do you have seasonal allergies? Above symptoms due to allergies? Chronic lung or sinus condition?						SEASAL59 SYMPAL59 CHRLNG59	
During last year, have you: injured your head? injured your neck? Had a flu shot? Had a shot to prevent pneumonia? Been prescribed nitroglycerin? If yes, specify reason.	FLUSH06 PNEUSH06 NITRO06	FLUSH06 PNEUSH06 NITRO06	FLUSH06 PNEUSH06 NITRO06	FLUSH06 PNEUSH06 NITRO06	FLUSH06 PNEUSH06 NITRO06	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Get short of breath...
  Resting in a chair?
  Walking on level ground?
  Walking quickly or uphill?
  W/light physical activity?
  W/moderate physical activity?
  W/strenuous physical activity?					

Have you had a cold, the flu, a dental infection or other infections in the last two weeks?	INFTWO59	INFTWO59	INFTWO59	INFTWO59	
Have you had a cold, the flu, a dental infection or oth. infect. in the last wk?					
Do you have seasonal allergies? Above symptoms due to allergies? Chronic lung or sinus condition?					
During last year, have you: injured your head? injured your neck? Had a flu shot? Had a shot to prevent pneumonia? Been prescribed nitroglycerin? If yes, specify reason.	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59 NITSPC59	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59 NITSPC59	INJHD59 INJNCK59 FLUSH59 PNEUSH39 NITRO59 NITSPC59	

Have you ever fainted?
  since the beginning of the CHS study
  during the last year
If yes, what month?
    what year?
		FAINT59
		
		FNTMO59
		FNTYR59
			FAINT59
			FNTMO59
			FNTYR59
				FAINT59
				FNTMO59
				FNTYR59	

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Symptoms during last two weeks: Sore throat Cough Sputum or mucous Runny nose or congestion Pain on urination Cloudy or discolored urine Tests showing a urine infection Other infection Other, specify						SORTHR59 COUGH59 MUCOUS59 CONGST59 PNURIN59 CLURIN59 URINF59 OTHINF59 OTHSPC59	SORTHR59 COUGH59 MUCOUS59 CONGST59 PNURIN59 CLURIN59 URINF59 OTHINF59 OTHSPC59
Breathless or short of breath?	BRTP07				BRTP57		
increase of frequency/severity?	BRTI07				BRTI57		
Palpitations?	PALPIP07				PALPIP57		
increase of frequency/severity?	PALPII07				PALPII57		
Dizzy?	DIZZYP07				DIZZYP57		
increase of frequency/severity?	DIZZYI07				DIZZYI57		
Fatigued?	FATIGP07				FATIGP57		
increase of frequency/severity?	FATIGI07				FATIGI57		
Weak?	WEAKP07				WEAKP57		
increase of frequency/severity?	WEAKI07				WEAKI57		
Nauseous?	NAUSEP07				NAUSEP57		
increase of frequency/severity?	NAUSEI07				NAUSEI57		
Indigestion?	INDIGP07				INDIGP57		
increase of frequency/severity?	INDIGI07				INDIGI57		
Chest pain?	CHESTP07						
increase of frequency/severity?	CHESTI07						
Upper abdominal pain?	ABDOMP07				ABDOMP57		
increase of frequency/severity?	ABDOMI07				ABDOMI57		
Fever?	FEVERP07				FEVERP57	FEVER59	FEVER59
increase of frequency/severity?	FEVERI07				FEVERI57		

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Symptoms during last two weeks:</u> Sore throat Cough Sputum or mucous Runny nose or congestion Pain on urination Cloudy or discolored urine Tests showing a urine infection Other infection Other, specify	SORTHR59 COUGH59 MUCOUS59 CONGST59 PNURIN59 CLURIN59 URINF59 OTHINF59 OTHSPC59	SORTHR59 COUGH59 MUCOUS59 CONGST59 PNURIN59 CLURIN59 URINF59 OTHINF59 OTHSPC59	SORTHR59 COUGH59 MUCOUS59 CONGST59 PNURIN59 CLURIN59 URINF59 OTHINF59 OTHSPC59	SORTHR59 COUGH59 MUCOUS59 CONGST59 PNURIN59 CLURIN59 URINF59 OTHINF59 OTHSPC59	

Breathless or short of breath?
   increase of frequency/severity?
Palpitations?
   increase of frequency/severity?
Dizzy?
   increase of frequency/severity?
Fatigued?
   increase of frequency/severity?
Weak?
   increase of frequency/severity?
Nauseous?
   increase of frequency/severity?
Indigestion?
   increase of frequency/severity?
Chest pain?
   increase of frequency/severity?
Upper abdominal pain?
   increase of frequency/severity?
Fever?
   increase of frequency/severity?
	FEVER59	FEVER59	FEVER59	FEVER59	

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Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Symptoms during last two weeks (continued):
   Muscle aches?
     increase of frequency/severity?
   Diarrhea?
     increase of frequency/severity?
   Seen a physician?
	ACHESP07
	 ACHESI07
	 DIARRP07
	 DIARRI07
	 SEEDR07
					ACHESP57
					 ACHESI57
					 DIARRP57
					 DIARRI57
					 SEEDR57		

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Symptoms during last two weeks (continued):
   Muscle aches?
     increase of frequency/severity?
   Diarrhea?
     increase of frequency/severity?
   Seen a physician?
	DIAREA59	DIAREA59	DIAREA59	DIAREA59	

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Told by a dr that you currently have...							
Arthritis of hands or arms?		ARTHHD37		ARTHND29	ARTHND57	ARTHND59	ARTHND59
Arthritis of shoulder?		ARTSHD37		ARTSHD29	ARTSHD57	ARTSHD59	ARTSHD59
Arthritis of hips or knees?		ARTHIP37		ARTHIP29	ARTHIP57	ARTHIP59	ARTHIP59
Hearing loss?		HEAR37			HEAR57		
Cataracts?		CATAR37			CATAR57		
Glaucoma?		GLAUC037			GLAUC57		
Diseases of the retina?		RETINA37			RETINA57		
Osteoporosis?		OSTEOP37		OSTEOP29	OSTEOP57	OSTEOP59	OSTEOP59
Parkinson's Disease?		PARKIN37			PARKIN57		
Dementia or Alzheimer's Disease?		DEMEN37			DEMEN57		
Other neurologic disease?		NEUROL37			NEUROL57		
Specify		SPEC37			SPEC57		
Depression?		DEPRESS37			DEPRESS57		
Liver disease, cirrhosis or hepatitis?		LIVER37		LIVDIS29	LIVDIS57	LIVDIS59	LIVDIS59
Kidney disease or failure?		KIDNEY37		KIDDIS29	KIDDIS57	KIDDIS59	KIDDIS59
Cancer?	**	CANCER37		CANCER29	**	CANCER59	CANCER59
Breast?		BREASE37		CANBRS29		CANBRS59	CANBRS59
Blood, leukemia or lymphoma?		BLOOD37		CANBLD29		CANBLD59	CANBLD59
Colon or rectum?		COLON37		CANCOL29		CANCOL59	CANCOL59
Lung?		LUNG37		CANLNG29		CANLNG59	CANLNG59
Malignant melanoma?		MALIGN37		CANMML29		CANMML59	CANMML59
Other skin cancer?		SKIN36		CANOSK29		CANOSK59	CANOSK59
Prostate?		PROSTT37		CANPRO29		CANPRO59	CANPRO59
Pancreas?		OTHCAN37		CANPAN29		CANPAN59	CANPAN59
Esophogeal?		SPECCN37		CANESO29		CANESO59	CANESO59
Other cancer?				CANOTH29		CANOTH59	CANOTH59
Specify				CANOSP29		CANOSP59	CANOSP59

** History of cancer in 5 years prior to Baseline ascertained on Eligibility Form (Record 01)

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Told by a dr that you currently have...					
Arthritis of hands or arms?	ARTHND59	ARTHND59	ARTHND59	ARTHND59	
Arthritis of shoulder?	ARTSHD59	ARTSHD59	ARTSHD59	ARTSHD59	
Arthritis of hips or knees?	ARTHIP59	ARTHIP59	ARTHIP59	ARTHIP59	
Hearing loss?					
Cataracts?					
Glaucoma?					
Diseases of the retina?					
Osteoporosis?	OSTEOP59	OSTEOP59	OSTEOP59	OSTEOP59 **	
Parkinson's Disease?					
Dementia or Alzheimer's Disease?					
Other neurologic disease?					
Specify					
Depression?					
Liver disease, cirrhosis or hepatitis?	LIVDIS59	LIVDIS59	LIVDIS59	LIVDIS59	
Kidney disease or failure?	KIDDIS59	KIDDIS59	KIDDIS59	KIDDIS59	
Cancer?	CANCER59	CANCER59	CANCER59	CANCER59	
Breast?	CANBRS59	CANBRS59	CANBRS59	CANBRS59	
Blood, leukemia or lymphoma?	CANBLD59	CANBLD59	CANBLD59	CANBLD59	
Colon or rectum?	CANCOL59	CANCOL59	CANCOL59	CANCOL59	
Lung?	CANLNG59	CANLNG59	CANLNG59	CANLNG59	
Malignant melanoma?	CANMML59	CANMML59	CANMML59	CANMML59	
Other skin cancer?	CANOSK59	CANOSK59	CANOSK59	CANOSK59	
Prostate?	CANPRO59	CANPRO59	CANPRO59	CANPRO59	
Pancreas?	CANPAN59	CANPAN59	CANPAN59	CANPAN59	
Esophogeal?	CANESO59	CANESO59	CANESO59	CANESO59	
Other cancer?	CANOTH59	CANOTH59	CANOTH59	CANOTH59	
Specify	CANOSP59	CANOSP59	CANOSP59	CANOSP59	

** See Medical Conditions and Procedures Section

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

TX by dr in past yr for…broken hip?
  Broken lower leg?
  Broken arm, wrist, or shoulder?
  Spine compression fracture?
  Other injury?
    Specify
		BRKHIP37
		BRKLEG37
		BRKARM37
		SPIN37
		OTHINJ37
		SPCINJ37
				BRKHIP29
				BRKLEG29
				BRKARM29
				BRKSPN29
				OTHINJ29
				SPCINJ29
					BRKHIP57
					BRKLEG57
					BRKARM57
					BRKSPN57
					OTHINJ57
					SPCINJ57
						BRKHIP59
						BRKLEG59
						BRKARM59
						BRKSPN59
						OTHINJ59
						SPCINJ59
							BRKHIP59
							BRKLEG59
							BRKARM59
							BRKSPN59
							OTHINJ59
							SPCINJ59

Arthritis treated w/medication?
  Arthritis surgery on one/both knee(s)?
  Arthritis surgery on hip?
  Arthritis surgery on other body part?
    Specify
		ARTTRT37
		ARTSUR37
		ARTSUH37
		ARTSUA37
		ARTSPE37
				ARTTRT29	ARTTRT57
					ARTSUR57
					ARTSUH57
					ARTSUA57
					ARTSPE57
						ARTTRT59	ARTTRT59

Pain in any bones/joints in last year...?
  Hands
  Feet
  Knees
  Hips
  Neck
  Back
  Shoulders
  Other
    Specify
		JOINT37
		HANDS37
		FEET37
		KNEES37
		HIPS37
		NECK37
		BACK37
		SHOULD37
		OTHERS37
		SPJION37
				PNBONE29
				PNHAND29
				PNFEET29
				PNKNEE29
				PNHIPS29
				PNNECK29
				PNBACK29
				PHSHLD29
				PNOTHR29
				PNOSPC29
					PNBONE57
					PNHAND57
					PNFEET57
					PNKNEE57
					PNHIPS57
					PNNECK57
					PNBACK57
					PHSHLD57
					PNOTHR57
					PNOSPC57
						PNBONE59
						PNHAND59
						PNFEET59
						PNKNEE59
						PNHIPS59
						PNNECK59
						PNBACK59
						PHSHLD59
						PNOTHR59
						PNOSPC59
							PNBONE59
							PNHAND59
							PNFEET59
							PNKNEE59
							PNHIPS59
							PNNECK59
							PNBACK59
							PHSHLD59
							PNOTHR59
							PNOSPC59

Lost control of urine?
  How often?
  Wake to urinate 3+ times/wk?
How long can you wait, if have urge?
		URINE37		URINE29
				
				WKURIN29
					URINE58*
					
					WKURIN58*
						URINE59
						URFREQ59
						WKURIN59
						URLONG59	

Sudden dizziness? Had a fall? How many times in the last year?		GROUND37 FALLEN37		DIZZY29 FALL29 TIMFAL29	FALL58* TIMFAL58	DIZZY59 FALL59 TIMFAL59	DIZZY59 FALL59 TIMFAL59

*Some baseline responses were combined

Question	Year 8	Year 9	Year 10	Year 11	Year 12

TX by dr in past year for...Broken hip?
  Broken lower leg?
  Broken arm, wrist, or shoulder?
  Spine compression fracture?
  Other injury?
    Specify
	BRKHIP59
	BRKLEG59
	BRKARM59
	BRKSPN59
	OTHINJ59
	SPCINJ59
		BRKHIP59
		BRKLEG59
		BRKARM59
		BRKSPN59
		OTHINJ59
		SPCINJ59
			BRKHIP59
			BRKLEG59
			BRKARM59
			BRKSPN59
			OTHINJ59
			SPCINJ59
				BRKHIP59
				BRKLEG59
				BRKARM59
				BRKSPN59
				OTHINJ59
				SPCINJ59	

Arthritis treated w/medication?
  Arthritis surgery on one/both knee(s)?
  Arthritis surgery on hip?
  Arthritis surgery on other body part?
    Specify
	ARTTRT59	ARTTRT59	ARTTRT59	ARTTRT59	

Pain in any bones/joints in last year...?
  Hands
  Feet
  Knees
  Hips
  Neck
  Back
  Shoulders
  Other
    Specify
	PNBONE59
	PNHAND59
	PNFEET59
	PNKNEE59
	PNHIPS59
	PNNECK59
	PNBACK59
	PHSHLD59
	PNOTHR59
	PNOSPC59
		PNBONE59
		PNHAND59
		PNFEET59
		PNKNEE59
		PNHIPS59
		PNNECK59
		PNBACK59
		PHSHLD59
		PNOTHR59
		PNOSPC59
			PNBONE59
			PNHAND59
			PNFEET59
			PNKNEE59
			PNHIPS59
			PNNECK59
			PNBACK59
			PHSHLD59
			PNOTHR59
			PNOSPC59
				PNBONE59
				PNHAND59
				PNFEET59
				PNKNEE59
				PNHIPS59
				PNNECK59
				PNBACK59
				PHSHLD59
				PNOTHR59
				PNOSPC59	

Lost control of urine?
  How often?
  Wake to urinate 3+ times/wk?
How long can you wait, if have urge?					

Sudden dizziness? Had a fall? How many times?	DIZZY59 FALL59 TIMFAL59	DIZZY59 FALL59 TIMFAL59	DIZZY59 FALL59 TIMFAL59	DIZZY59 FALL59 TIMFAL59	

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

MISCELLANEOUS
Overnight in hospital in last 6 mos?
   Reason (up to five)
 	
(For date variables, see corr. schema)
		HPSTAY37	ADMIT39
			RSHOP139
			  through
			RSHOP539
				HOSPTL29
				RSHOS129
				  through
				RSHOS229
						HOSPTL59
						RSHOS159
						  through
						RSHOS259
							HOSPTL59
							RSHOS159
							  through
							RSHOS259

Overnight - nursing home past 6 mos?
   Reason (up to five)
 	
(For date variables, see corresponding schema)
		NHSTAY37	NURSHM39
			RSNUR139
			  through
			RSNUR539
				NURSHM29
				RSNURS29
						NURSHM59
						RSNURS59
							NURSHM59
							RSNURS59

Currently staying in a nursing home?				CURNUR29		CURNUR59	CURNUR59

Have you received any home health care in the last six months?
If yes, what type
   Physical therapy
   Occupational therapy
   Nursing care
   Other
    specify							

Where do you usually go for med care?
When you want to see a doctor, do you
   usually...
Do you see the same doctor every visit?
 If you develop a new illness/symptom
   and need an appointment, how soon
   are you able to be seen?
Do you have a doctor (or doc assistant)
   you can talk to by phone?
						MEDCAR59
						
						SEEDOC59
						SAMDOC59
						
						SOONDR59
						
						HAVDOC59	

Question	Year 8	Year 9	Year 10	Year 11	Year 12

MISCELLANEOUS
Overnight in hospital in last 6 mos?
   Reason (up to five)
 	
(For date variables, see corresponding schema)
	HOSPTL59
	RSHOS159
	  through
	RSHOS259
		HOSPTL59
		RSHOS159
		  through
		RSHOS259
			HOSPTL59
			RSHOS159
			  through
			RSHOS259
				HOSPTL59
				RSHOS159
				  through
				RSHOS259	

Overnight - nursing home past 6 mos? Reason (up to five) (For date variables, see corresponding schema)	NURSHM59 RSNURS59	NURSHM59 RSNURS59	NURSHM59 RSNURS59	NURSHM59 RSNURS59	
Currently staying in a nursing home?	CURNUR59	CURNUR59	CURNUR59	CURNUR59	

Have you received any home health care in the last six months?
If yes, what type
   Physical therapy
   Occupational therapy
   Nursing care
   Other
    specify
	HMHLTH59
	
	PT59
	OT59
	NURCAR59
	OTHCAR59
	CARSPC59
		HMHLTH59
		
		PT59
		OT59
		NURCAR59
		OTHCAR59
		CARSPC59
			HMHLTH59
			
			PT59
			OT59
			NURCAR59
			OTHCAR59
			CARSPC59
				HMHLTH59
				
				PT59
				OT59
				NURCAR59
				OTHCAR59
				CARSPC59	

Where do you usually go for med care? When you want to see a doctor, do you usually... Do you see the same doctor every visit? If you develop a new illness/symptom, how soon are you able to be seen? Do you have a doctor (or doc assistant) you can talk to by phone?		MEDCAR59 SEEDOC59 SAMDOC59 SOONDR59 HAVDOC59			

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

MISCELLANEOUS (continued)
  How much did each of the following
    affect your ability to see a doctor
    in the past year?
  Not having a regular doctor
  Taking care of others
  Difficulty finding transportation
  Doctor/Clinic/Hospital bills
  Work responsibilities
  Fearful for safety on streets
  Fear that doctor will perform
    unnecessary tests
  Fear that doctor will discover a
    serious illness
  Doctor unresponsive to concerns
						NOTHAV59
						TAKCAR59
						DIFTRN59
						DRBILL59
						WRKRSP59
						SAFETY59
						
						TESTS59
						
						SERILL59
						NTRESP59	

Do you have any of the following
  types of health insurancein addition
  to Medicare?
  Other, specify:
						ADDINS59
						INSSPC59
							ADDINS59
							INSSPC59

Requested advice from doctor
regarding cholesterol?
  Why?
    Specify other.
		ADVDOC37
		ADVWHY37
		SPCADV37					

Ever had cholesterol measured?
Had cholesterol meas'd since last year?
  Where?
    Specify other
  Why?
    Specify other
		CHOLM37
		MEASWE37
		SPCWHE37
		MEASWH37
		SPCWHY37
					CHOLMS58
					
					CHOLWH58
					
					CHLWHY58		

Question	Year 8	Year 9	Year 10	Year 11	Year 12

MISCELLANEOUS (continued)
  How much did each of the following
    affect your ability to see a doctor
    in the past year?
  Not having a regular doctor
  Taking care of others
  Difficulty finding transportation
  Doctor/Clinic/Hospital bills
  Work responsibilities
  Fearful for safety on streets
  Fear that doctor will perform
    unnecessary tests
  Fear that doctor will discover a
    serious illness
  Doctor unresponsive to concerns
		NOTHAV59
		TAKCAR59D
		DIFTRN59
		DRBILL59
		WRKRSP59
		SAFETY59
		TESTS59
		
		SERILL59
		
		NTRESP59			

Do you have any of the following
  types of health insurance in addition
  to Medicare?
  Other, specify:
		ADDINS59
		INSSPC59
			ADDINS59
			INSSPC59
				ADDINS59
				INSSPC59	

Requested advice from doctor regarding cholesterol? Why? Specify other.					

Ever had cholesterol measured?
Had cholesterol meas'd since last year?
  Where?
    Specify other
  Why?
    Specify other					

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Health Questions
  How would you say... your health is
  Compared to others of same age?
  Compared to six months ago?
  Days in bed due to illness/injury?
    What caused you to stay in bed?
      Specify other.
	HEALT01
	RLHLTH01
	
	BED01
	ILL01
	ILLSPC01
		HLTH137
		HLTH237
		HLTH337
		BED137
		CAUSE137
		SPEC137
			
			BED139
			CAUSE139
			SPEC139
				HLTH129
				HLTH229
				
				BED29
					HEALT01
					RLHLTH01
					
					BED01
					ILL01
					ILLSPC01
						HLTH159
						HLTH259
						
						BED59
							HLTH159
							
							BED59

Loyola Generativity Scale
 To what extent does this describe you?
   Try to pass on my knowledge
   Feel others don't need me
  Would like work of a teacher
   Feel I've made a difference to many
   Do not volunteer for charity
   Made things that impacted on others
   Try to be creative
   I will be remembered when I die
  Society not responsible for homeless
   Others say I've made unique contrib
   Have important skills to teach others
   Haven't done anything that will
       survive when I die
   My actions don't have positive
        effect on others
   Done nothing to contribute to others
   Made many commitments
   Others say I am productive
   Responsibility to improve my nbhd
   People come to me for advice
   Contributions will exist after I die							

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Health Questions
  How would you say... your health is
  Compared to others of same age?
  Compared to six months ago?
  Days in bed due to illness/injury?
    What caused you to stay in bed?
     Specify other.
	HLTH159
	
	BED59
		HLTH159
		
		BED59
			HLTH159
			
			BED59
				HLTH159
				
				BED59	

Loyola Generativity Scale
 To what extent does this describe you?
  Try to pass on my knowledge
  Feel others don't need me
  Would like work of a teacher
  Feel I've made a difference to many
  Do not volunteer for charity
  Made things that impacted on others
  Try to be creative
  I will be remembered when I die
 Society not responsible for homeless
  Others say I've made unique contrib
  Have important skills to teach others
  Haven't done anything that will
     survive when I die
  My actions don't have positive
     effect on others
  Done nothing to contribute to others
  Made many commitments
  Others say I am productive
  Responsibility to improve my nbhd
  People come to me for advice
  Contributions will exist after I die
				PASSKN59
				NTNEED59
				TEACHR59
				MADDIF59
				NTVOLN59
				IMPACT59
				CREATV59
				REMEMB59
				SOCNOT59
				UNIQUE59
				SKILLS59
				
				NTSURV59
				
				NTPOS59
				NWORTH59
				COMMIT59
				PRDCTV59
				IMPNBH59
				ADVICE59
				CNTREX59	

Calculated Variables

MEDICAL HX VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Angina status at baseline (Self-report) Adjudicated Angina status at baseline	ANGBASE ANBLMOD				ANGBASE ANBLMOD		
Asthma confirmed by doctor, ever	ASTHMA				ASTHMA	ASTHMA	
Bronchitis dx by doctor	BRONCH	BRONCH		BRONCH	BRONCH	BRONCH	BRONCH
Stroke, TIA car endar	CBD				CBD		
Conf mi/ang, cabg, anp (Self-report) Adjudicated CHD status at baseline	CHD CHDBLMOD				CHD CHDBLMOD		
CHF status at baseline (Self-report) Adjudicated CHF status at baseline	CHFBASE CHBLMOD				CHFBASE CHBLMOD		
Claud status at baseline (Self-report) Adjudicated CLD status at baseline	CLDBASE CLBLMOD				CLDBASE CLBLMOD		
Clinical p. vas. dis	CPVD						
Current Asthma dx by doctor	ASTHMCUR				ASTHMCUR	ASTHMCUR	
Reported dx of diabetes	DIABET				DIAB**		
Calculated diabetes status (WHO)	DIABWHO						
ADA Diabetic Status	DIABADA			DIABADA	DIABADA		
Emphysema dx by doctor	EMPHYSEM				EMPHYSEM		
Family hx of MI	FHHA				FHHA		

**The variable DIAB is for new cohort only; however, for consistency, it is renamed DIABET in baseboth.sav.

Calculated Variables

* For each of the six major disease classifications in CHS, there are two baseline status variables. The original status variable ends in BASE (except for CHD), and the updated status variable ends in BLMOD. The *BASE variables use only information available at baseline, including self-report, exam, ECG's, and review of medical history. The coding of the *BASE variables is as follows:

> 0=no history
> 1=definite past history; confirmed by exam or medical records
> 2=possible past history; reported but not confirmed
> 3=past unreported history; not reported, but found on exam (for MI, Angina, and Claudication only).

The *BLMOD variables classify a participant according to whether or not they are at risk of an incident event. Anyone with a *BASE value of 1=definite past history has a *BLMOD value of 1=prevalent. Initially, possible past history and past unreported history are coded in *BLMOD as 0=at risk for an incident event. During the review of hospitalization records for our events adjudication process, it may become evident that a participant was prevalent for one of the six major diseases at baseline. If so, the baseline status is modified to incorporate this new information. Thus, the *BLMOD variables have changed over the years. For example, a participant with no history of MI at baseline will have MIBASE=0. If, during the review of records for a hospitalization after baseline, records were found indicating that an MI had occurred before the person was enrolled in CHS, the MIBLOD variable would be set to 1, while the MIBASE variable would remain 0. Both variables give prevalent disease status at baseline, but the *BLMOD variable reflects the latest and most accurate information we have about baseline status. The current values reflect the results of our adjudication of events through June 30, 1996. We are only releasing data through June 30, 1994.

†The variable CHDBLMOD is set to 1 if MIBLMOD=1 or ANBLMOD=1 or there is a report of angioplasty or bypass surgery prior to entry into CHS.

¶The variable DIABETES is for baseline original cohort only; DIABETES=1 if Normal; DIABETES=2 if Impaired Glucose Intolerance, defined by Fasting glucose < 140 mg/dl AND Two hour post load glucose 140-199 mg/dl; DIABETES=3 if Diabetic, defined by Fasting glucose > 140 mg/dl, OR Two hour post glucose load > 200 mg/dl, OR Medical History Question 7 = Yes, OR Phlebotomy Insulin Question 5 = Yes, OR Takes Insulin Medication, OR Takes Oral Hypoglycemic Medication.

§Per the ADA guidelines, the DIABADA variable is coded as follows: DIABADA=1 if Normal; DIABADA=2 if Impaired Fasting Glucose, defined by GLU44=110-125; DIABADA=3 if Diabetes, defined by taking insulin or oral hypoglycemics or if GLU44 126. This variable was recorded on both the original and new cohorts at baseline, and it was recorded on the original cohort at year 5.

**Two variables describing estrogen use at baseline have been added to the BASEBOTH file. At baseline for the original cohort, use was assessed by medicine bottle or by self-report of EVER use. Those who brought in meds were coded current users. Self-reported EVER use in the absence of meds was coded former use. If a participant answered "don't know" to the question of ever use and did not bring in a prescription for estrogen, information obtained in later years on former or current use and its duration was used to fill in the missing whenever possible. Otherwise, these "don't know" responders were coded as never users. Both ESTBL and ESTBLNC are coded as 0=never, 1=former, 2=current.

***Subclinical disease is defined as having any one of the following conditions: ankle-arm index <= 0.9mmHg, internal carotid thickness > 80th percentile, common carotid thickness > 80th percentile, carotid stenosis > 25%, major ECG abnormalities, abnormal ejection fraction on echo, abnormal wall motion on echo, rose questionnaire claudication positive, or rose questionnaire angina positive.

Calculated Variables

MEDICAL HX VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Asthma confirmed by doctor					
Bronchitis dx by doctor	BRONCH	BRONCH	BRONCH	BRONCH	
Stroke, TIA car endar					
Clinical p. vas. dis					
Current Asthma dx by doctor					
Reported dx of diabetes					
Calculated diabetes status (WHO)		DIABWHO			
ADA Diabetic Status		DIABADA			
Emphysema dx by doctor					
Family hx of MI					

Calculated Variables

MEDICAL HX VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Global heart disease	GHD				GHD		
Min age of sib MI	MIAGE				MIAGE		
MI status at baseline (Self-report) Adjudicated MI status at baseline	MIBASE MIBLMOD				MIBASE MIBLMOD		
Pneumonia confirmed by dr	PNEUMON				PNEUM**		
Any prev disease	PREVDIS				PREVDIS		
Calc. Renal dis stat	RENAL***				RENAL		
Angina by rose questionnaire	ROSEANG	ROSEANG	ROSEANG	ROSEANG	ROSEANG	ROSEANG	ROSEANG
Intermittent claudication by rose ques.	ROSEIC	ROSEIC	ROSEIC	ROSEIC	ROSEIC	ROSEIC	ROSEIC
Stroke status at baseline (Self-report) Adjudicated stroke status at baseline	STRKBASE STBLMOD				STRKBASE STBLMOD		
TIA status at baseline (Self-report) Adjudicated TIA status at baseline	TIABASE TIBLMOD				TIABASE TIBLMOD		
Number of CHF Symptoms		CHFSYMPT ****	CHFSYMPT	CHFSYMPT	CHFSYMPT	CHFSYMPT	CHFSYMPT
Any subclinical disease							ANYSUB

*Updated information on the presence of disease is available each year in the Medical History section, pages 23, 24, and also in the events data.

**The variable PNEUM is for the new cohort only; however, for consistency, it is renamed PNEUMON in baseboth.sav.

***RENAL=1 if Normal, defined by Creatinine< 1.0 mg/dl; RENAL=2 if Mild-Moderate Renal Insufficiency, defined by Creatinine 1.0-1.49 mg/dl; RENAL=3 if Renal Insufficiency, defined by Creatinine 1.5 mg/dl.

****CHFSYMPT is between 0 and 3 and records the number of the following CHF symptoms: sleep on 2 pillows to breathe, awakened at night by trouble breathing, swelling of feet and ankles during the day which goes down overnight.

Calculated Variables

MEDICAL HX VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Global heart disease					
Min age of sib MI					
Pneumonia confirmed by dr					
Any prev disease					
Calc. Renal dis stat					
Angina by rose questionnaire					
Intermittent claudication by rose ques.					
Number of CHF Symptoms					

-- Calculated Variables will be added to Year 9 and later as save files are made.

Personal History Form
(Baseline - Year 7: Records 08, 29, 38, 39, 58, and 59)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE08	DATE38	DATE39	KDATE29	DATE58	YEAR59	YEAR59
What is your occupational status? If other, specify	OCCUP01 OCCSPC01				OCCUP01 OCCSPC01	OCCUP59 OCCSPC59	OCCUP59 OCCSPC59
What is your total combined income	INCOME01				INCOME01		INCOME59

<u>Weight</u>
Have you gained/lost >10 pounds?
  Was the following a major factor in
  your weight change?
    diet
    surgery, illness, or medication
    exercise
 	
What was your usual weight at age 50?
 	
In your early teens, were you heavier
than average, average, or thinner?
	WEIGHT08
	
	DIET08
	ILL08
	EXER08
	
	WGT5008
	
	WGTEEN08
		WEIGHT38
		
		DIET38
		ILL38
		EXER38
				WEIGHT29
				
				DIET29
				ILL29
				EXER29
					WEIGHT58
					
					DIET58
					ILL58
					EXER58
					
					WGT5058
					
					WGTEEN58
						WEIGHT59
						
						DIET59
						ILL59
						EXER59
							WEIGHT59
							
							DIET59
							ILL59
							EXER59

<u>Appetite</u> Appetite is usually...							

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR59	YEAR59	YEAR59	YEAR59	
What is your occupational status? If other, specify	OCCUP59 OCCSPC59	OCCUP59 OCCSPC59	OCCUP59 OCCSPC59	OCCUP59 OCCSPC59	
What is your total combined income	INCOME59	INCOME59			
How many hrs/month work/volunteer?	HRSWRK59	HRSWRK59	HRSWRK59	HRSWRK59	

Weight
Have you gained/lost >10 pounds?
  Was the following a major factor in
  your weight change?
    diet
    surgery, illness, or medication
    exercise
 	
If lost >10 lbs, were you trying to lose weight?
 	
What was your usual weight at age 50?
 	
In your early teens, were you heavier than average, average, or thinner?
 	
Is this a gain or loss of at least 20 lbs?
  Was the following a major factor in
  your weight change since age 50?
    diet
    surgery, illness, or medication
    exercise
	WEIGHT59
	
	DIET59
	ILL59
	EXER59
	
	TRYTEN59
		WEIGHT59
		
		DIET59
		ILL59
		EXER59
		
		TRYTEN59
			WEIGHT59
			
			DIET59
			ILL59
			EXER59
			
			TRYTEN59
			
			AG50WT59
			
			CHG20P59
			
			DIET259
			ILL259
			EXER259
				WEIGHT59
				
				DIET59
				ILL59
				EXER59
				
				TRYTEN59	

Appetite Appetite is usually...				APPET59	

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Diet							
Compare your daily intake of food to last year's.		TTLINT38		TTLINT29		TTLINT59	TTLINT59
Reason why eat more		RSN138		RSNMOR29		RSNMOR59	
Doctor recommended							DRMDR59
Taking med that increases appetite							MEDMOR59
Physical activity increased							PHSMOR59
More able to shop or prepare food							SHPMOR59
Medical/dental problem resolved							PRBMOR59
Appetite has increased for other reas.							OTHMOR59
Other reasons (specify)		RSN1SP38		MORSPC29		MORSPC59	MORSPC59
Reason why eat less		RSN238		RSNLES29		RSNLES59	
Doctor recommended							DRLES59
Taking med that decreases appetite							MEDLES59
Physical activity has decreased							PHSLES59
Less able to shop or prepare food							SHPLES59
Medical/dental problem							PRBLES59
Appetite decreased for other reasons							OTHLES59
Other reasons (specify)		RSN2SP38		LESSPC29		LESSPC59	LESSPC59
Are you following a special diet?	DIET25	DIETF38		FLDIET29	DIETF58		
Purpose of diet:							
to lose weight		LSWTF38		FDLSWT29	LSWTF58		
to gain weight		GNWTF38		FDGNWT29	GNWTF58		
for diabetes		DIABF38		FDDIAB29	DIABF58		
for kidney failure		KIDNF38		FDKDFL29	KIDNF58		
for ulcers		ULCERF38		FDULCR29	ULCERF58		
for diverticulitis		DIVERF38		FDDVRT29	DIVERF58		
for allergies		ALLERF38		FDALRG29	ALLERF58		
for heart trouble		HEARTF38		FDHRTR29	HEARTF58		
for high blood pressure		HBPF38		FDHIBP29	HBPF58		
for other reasons		CRSNF38		FDOTHR29	ORSNF58		
Specify other reason		SRSNF38		FDORSP29	SRSNF58		

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Diet
Compare your daily intake of food to last year's.
 Reason why eat more
  Doctor recommended
  Taking med that increases appetite
  Physical activity increased
  More able to shop or prepare food
  Medical/dental problem resolved
  Appetite has increased for other reas.
  Other reasons (specify)
 Reason why eat less
  Doctor recommended
  Taking med that decreases appetite
  Physical activity has decreased
  Less able to shop or prepare food
  Medical/dental problem
  Appetite decreased for other reasons
  Other reasons (specify)
Are you following a special diet?
 Purpose of diet:
  to lose weight
  to gain weight
  for diabetes
  for kidney failure
  for ulcers
  for diverticulitis
  for allergies
  for heart trouble
  for high blood pressure
  for other reasons
   Specify other reason					

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Kind of diet							
low calorie		LCALF38		FDLCAL29	LCALF58		
high calorie		HCALF38		FDHCAL29	HCALF58		
low protein		LPROTF38		FDLPRT29	LPROTF58		
high protein		HPROTF38		FDHPRT29	HPROTF58		
low fat		LFATF38		FDLFAT29	LFATF58		
high fat		HFATF38		FDHFAT29	HFATF58		
low carbohydrate		LCARF38		FDLCAR29	LCARF58		
high carbohydrate		HCARF38		FDHCAR29	HCARF58		
low sugar		LSUGF38		FDLSGR29	LSUGF58		
low salt					LSLTF58		
low cholesterol		LCHOLF38		FDLCHL29	LCHOLF58		
low fiber		LFIBF38		FDLFBR29	LFIBF58		
high fiber		HFIBF38		FDHFBR29	HFIBF58		
bland diet		BLANDF38		FDBLND29	BLANDF58		
other diet		OTHDTF38		FDOTHK29	OTHDTF58		
Specify other diet		SPECF38		FDOKSP29	SPECF58		
How long have you been following this diet?							
years	EATYRS25	YEARF38		FDYRS29	YEARF58		
months	EATMON25	MONTF38		FDMNTH29	MONTHF58		
Was this diet recommended by your physician?	DIETW25	RECF38		FDPHYS29	RECPH58		

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Kind of diet
  low calorie
  high calorie
  low protein
  high protein
  low fat
  high fat
  low carbohydrate
  high carbohydrate
  low sugar
  low salt
  low cholesterol
  low fiber
  high fiber
  bland diet
  other diet
   Specify other diet
How long have you been following
  this diet?
  years
  months
Was this diet recommended by your
  physician?					

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Have you gone off a special diet?		OFFDT38		OFDIET29			
Purpose of diet							
to lose weight		LSWTO38		DDLSWT29			
to gain weight		GNWTO38		ODGNWT29			
for diabetes		DIABO38		ODDIAB29			
for kidney failure		KIDNO38		ODKDFL29			
for ulcers		ULCERO38		ODULCR29			
for diverticulitis		DIVERO38		ODDVRT29			
for allergies		ALLERO38		ODALRG29			
for heart trouble		HEARTO38		ODHRTR29			
for high blood pressure		HBPO38		ODHIBP29			
for other reasons		ORSNO38		ODOTHR29			
Specify other reason		SPECO38		ODTRSP29			
Kind of diet							
low calorie		LCALO38		ODLCAL29			
high calorie		HCALO38		ODHCAL29			
low protein		LPROTO38		ODLPRT29			
high protein		HPROTO38		ODHPRT29			
low fat		LFATO38		ODLFAT29			
high fat		HFATO38		ODHFAT29			
low carbohydrate		LCARO38		ODLCAR29			
high carbohydrate		HCARO38		ODHCAR29			
low sugar		LSUGO38		ODLSGR29			
low cholesterol		LCHOLO38		ODLCHL29			
low fiber		LFIBO38		ODLFBR29			
high fiber		HFIBO38		ODHLFBR29			
bland diet		BLANDO38		ODBLND29			
other diet		OTHDTO38		ODOTHK29			
Specify other diet		SPECO38YE		ODOKSP29			
How long have you been following this diet?							
years		YEARO38		ODYRS29			
months		MONTHO38		ODMNTH29			
This diet recommended by your phys?		RECO38		ODPHYS29			

Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Have you gone off a special diet?
 Purpose of diet
  to lose weight
  to gain weight
  for diabetes
  for kidney failure
  for ulcers
  for diverticulitis
  for allergies
  for heart trouble
  for high blood pressure
  for other reasons
   Specify other reason
Kind of diet
  low calorie
  high calorie
  low protein
  high protein
  low fat
  high fat
  low carbohydrate
  high carbohydrate
  low sugar
  low cholesterol
  low fiber
  high fiber
  bland diet
  other diet
   Specify other diet
 How long have you been following
  this diet?
  years
  months
 This diet recommended by your phys?					

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Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Smoking</u>							
Have you smoked >100 cig or 5 packs in your lifetime?	SMOKE08	SMK38			SMOKE58		
smoked cig the last 30 days	SMK3008	SMK3038	SMK3039	SMK3029	SMK3058	SMK3059	SMK3059
age when first started smoking cig	SMKAGE08				SMKAGE58		
age when stopped smoking completely	STOP08				STOP58		
ave cig smoked per day	AMOUNT08		NUMCIG39	NUMCIG29	AMOUNT58	NUMCIG59	NUMCIG59
Describe your smoking status				SMOKE29		SMOKE59	SMOKE59
Have you stopped smoking during the last year?			SMKQIT 39				
Does anyone living w/ you smoke cig regularly?	ANYONE08	SMKLIV38	SMKLIV39	SMKLIV29	ANYONE58		
Have you ever lived w/ anyone who smoked cig regularly?		SMK138	SMK139		LIVSMK58	SMKLIV59	
Total years lived w/ someone who smokes regularly		SMKY38	SMKY39		SMKY58		
Years that person was a heavy smoker		SMKHY38					
During what time period(s) were you living w/ a regular smoker?							
as a child/teenager			CHILD39		CHILD58		
between the ages of 20 to 50			ADULT39		ADULT58		
after age 50			OLDER39		OLDER58		
Do you ever use snuff or smokeless tobacco?			SNUFF39	SNUFF29	SNUFF58	SNUFF59	SNUFF59
Have you smoked a pipe or cigar during the last 30 days?							PIPE59

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Smoking
Have you smoked >100 cig or 5 packs in your lifetime?
  smoked cig the last 30 days
  age when first started smoking cig
  age when stopped smoking completely
  ave cig smoked per day
	SMK3059
	
	NUMCIG59
	
	SMOKE59
		SMK3059
		
		NUMCIG59
		
		SMOKE59
			SMK3059
			
			NUMCIG59
			
			SMOKE59
				SMK3059
				
				NUMCIG59
				
				SMOKE59	

Describe your smoking status					
Have you stopped smoking during the last year?					
Does anyone living w/ you smoke cig regularly?					

Have you ever lived w/ anyone who smoked cig regularly?
  Total years lived w/ someone who smokes regularly
  Years that person was a heavy smoker
  During what time period(s) in your were you living w/ a regular smoker?
    as a child/teenager
    between the ages of 20 to 50
    after age 50					

Do you ever use snuff or smokeless tobacco?	SNUFF59	SNUFF59	SNUFF59	SNUFF59	
Have you smoked a pipe or cigar during the last 30 days?	PIPE59	PIPE59	PIPE59	PIPE59	

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Alcohol
Do you ever drink beer?
  How often?
  How many cans on one occasion?
	BEER25
	BEERF25
	BEERN25
			BEER39
			BEERF39
			BEERN39
				BEER29
				BEERF29
				BEERN29
					BEER25
					BEERF25
					BEERN25
						BEER59
						BEERF59
						BEERN59
							BEER59
							BEERF59
							BEERN59

Do you ever drink wine?
  How often?
  How many glasses on one occasion?
	WINE25
	WINEF25
	WINEN25
			WINE39
			WINEF39
			WINEN39
				WINE29
				WINEF29
				WINEN29
					WINE25
					WINEF25
					WINEN25
						WINE59
						WINEF59
						WINEN59
							WINE59
							WINEF59
							WINEN59

Do you ever drink liquor?
  How often?
  How many drinks on one occasion?
	LIQUOR25
	LIQUOF25
	LIQUON25
			LIQUOR39
			LIQUOF39
			LIQUON39
				LIQUOR29
				LIQUOF29
				LIQUON29
					LIQUOR25
					LIQUOF25
					LIQUON25
						LIQUOR59
						LIQUOF59
						LIQUON59
							LIQUOR59
							LIQUOF59
							LIQUON59

Vitamins
During the past 2 weeks have you taken
...a multiple vitamin or other vitamin
  supplements?
  Did you take a...
    multiple vitamin?
      Days during the last 2 weeks
    Vitamin A or beta-carotene?
      Days during the last 2 weeks
    Vitamin C?
      Days during the last 2 weeks
    Vitamin E?
      Days during the last 2 week
			VITAM39
			
			MULTI39
			MDAYS39
			VITA39
			ADAYS39
			VITC39
			CDAYS39
			VITE39
			EDAYS39
				MLTVIT29
				
				MULTI29
				MDAYS29
				VITA29
				ADAYS29
				VITC29
				CDAYS29
				VITE29
				EDAYS29
					VITAM58
					
					MULTI58
					MDAYS58
					VITA58
					ADAYS58
					VITC58
					CDAYS58
					VITE58
					EDAYS58
						MLTVIT59
						
						MULTI59
						MDAYS59
						VITA59
						ADAYS59
						VITC59
						CDAYS59
						VITE59
						EDAYS59	

* Cholesterol questions asked on Personal History form are included in the Medical History Miscellaneous Section.

Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Alcohol
Do you ever drink beer?
  How often?
  How many cans on one occasion?
 	
Do you ever drink wine?
  How often?
  How many glasses on one occasion?
 	
Do you ever drink liquor?
  How often?
  How many drinks on one occasion?
		BEER59
		BEERF59
		BEERN59
		
		WINE59
		WINEF59
		WINEN59
		
		LIQUOR59
		LIQUOF59
		LIQUON59
			BEER59
			BEERF59
			BEERN59
			
			WINE59
			WINEF59
			WINEN59
			
			LIQUOR59
			LIQUOF59
			LIQUON59
				BEER59
				BEERF59
				BEERN59
				
				WINE59
				WINEF59
				WINEN59
				
				LIQUOR59
				LIQUOF59
				LIQUON59	

Vitamins
During the past 2 weeks have you taken
...a multiple vitamin or other vitamin
  supplements?
  Did you take a...
   multiple vitamin?
    Days during the last 2 weeks
   Vitamin A or beta-carotene?
    Days during the last 2 weeks
   Vitamin C?
    Days during the last 2 weeks
   Vitamin E?
    Days during the last 2 week
			MLTVIT59
			
			MULTI59
			MDAYS59
			VITA59
			ADAYS59
			VITC59
			CDAYS59
			VITE59
			EDAYS59
				MLTVIT59
				
				MULTI59
				MDAYS59
				VITA59
				ADAYS59
				VITC59
				CDAYS59
				VITE59
				EDAYS59	

* Cholesterol questions asked on Personal History form are included in the Medical History Miscellaneous Section.

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Sleep How many hours/day do you spend seated or lying down?	SEAT04		LIE39		SEAT04	SEAT59	SEAT59
How many hours/night spent sleeping?							
How many hours/daytime spent asleep?							
Are you usually sleepy in the daytime?	SLEEP08		SLEEPY39	SLEEPY29	SLEEPY58	SLPDAY56	
Do you feel groggy & unrefreshed after waking up in the morning?	GROGGY08		GROGGY39	GROGGY29	GROGGY58	GROGGY56	
Has your spouse/roommate complained about your loud snoring?	SNORE08		SNORE39	SNORE29	SNORE58	SNORE56	
Has anyone observed you while sleeping to have episodes where you stop breathing for a while & then snore?	BREATH08		APNEA39	STOPBR29	STOPBR58	STBRTH56	
Do you usually have trouble falling asleep?	TRBLSL08		INSOMN39	TRFALL29	TRFALL58	TRBLSL56	
Do you usually wake up several times at night?	WAKEUP08		WAKE39	WKNGHT29	WKNGHT58	WAKE56	
Do you usually wake up far too early?	STAYSL08		EARLY39	WKERLY29	WKERLY58		
Vision Can you see well enough (w/ glasses if needed) to... drive	DRIVE08	DRIVE38	DRIVE39	DRIVE29	DRIVE58	DRIVE59	DRIVE59
watch TV	TV08	TV38	TV38	TV29	TV58	TV59	TV59
recognize someone across the room	RECOGN08	RECOGN38	RECOGN39	RECOGN29	RECOGN58	RECOGN59	RECOGN59
read the newspaper	READ08	READ38	READ39	READ29	READ58	READ59	
Hearing Can you hear well enough (w/ hearing aid if necessary) to... use the telephone	TELE08	TELE38	TELE39	TELE29	TELE58	TELE59	
listen to a radio	RADIO08	RADIO38	RADIO39	RADIO29	RADIO58	RADIO59	RADIO59
carry on a conversation	CONVER08	CONVER38	CONVER39	CONVER29	CONVER58	CONVER59	

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Sleep
How many hours/day do you spend
  seated or lying down?
 	
How many hours/night spent sleeping?
How many hours/daytime spent asleep?
Are you usually sleepy in the daytime?
Do you feel groggy & unrefreshed after
  waking up in the morning?
Has your spouse/roommate complained
  about your loud snoring?
Has anyone observed you while
  sleeping to have episodes where you
    stop breathing for a while & then
     snore?
Do you usually have trouble falling
  asleep?
Do you usually wake up several times
  at night?
Do you usually wake up far too early?
	SEAT59	LYING04
		
		SLPNGT04
		SLPDAY04
			SEAT59
			
			SLNITE59
			SLDAY59
				SEAT59
				
				SLNITE59
				SLDAY59	

Vision
Can you see well enough (w/ glasses if
needed) to...
  drive
  watch TV
  recognize someone across the room
  read the newspaper
		DRIVE59
		TV59
		RECOGN59
		READ59
			DRIVE59
			TV59
			RECOGN59
			READ59
				DRIVE59
				TV59
				RECOGN59
				READ59	

Hearing
Can you hear well enough (w/ hearing
aid if necessary) to...
  use the telephone
  listen to a radio
  carry on a conversation
		TELE59
		RADIO59
		CONVER59
			TELE59
			RADIO59
			CONVER59
				TELE59
				RADIO59
				CONVER59	

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Walking During the last week, how many city blocks did you walk?	BLOCK04	BLOCK38	BLOCK39	BLOCK04	BLOCK04	BLOCK59	BLOCK59
What is your usual pace?	PACE04	PACE38	PACE39	PACE04	PACE04	PACE59	PACE59
How many flights of stairs did you climb up during the last week?	FLIGHT04		STAIR39	FLIGHT04	FLIGHT04	FLIGHT59	FLIGHT59
Level of activity compared to last year	ACTLEV04	LEVEL38	LEVEL39	ACTLEV04	ACTLEV04	ACTLEV59	ACTLEV59
Siblings 1st sibling							
Sex	SEX108				SEX158		
Year of birth	BTH108				BTH158		
Still alive?					ALIV158		
If dead, age at death	DTH108				DTH158		
Ever had a heart attack?	HATT108				HATT158		
If yes, age of first attack	HAGE108				HAGE158		
Ever had a stroke?	STRK108				STRK158		
If yes, age of first stroke	SAGE108				SAGE158		
... 10th sibling							
Sex	SEX1008				SEX1058		
Year of birth	BTH1008				BIH1058		
Still alive?					ALIV1058		
If dead, age at death	DTH1008				DTH1058		
Ever had a heart attack?	HATT1008				HATT1058		
If yes, age of first attack	HAGE1008				HAGE1058		
Ever had a stroke?	STRK1008				STRK1058		
If yes, age of first stroke	SAGE1008				SAGE1058		
Parents Is your natural mother still living?			MOTHER39		MOTHER58		
If yes, her age			MAGE39		MAGE58		
If no, age when she died			MDIE39		MDIE58		
Is your natural father still living?			FATHER39		FATHER58		
If yes, his age			FAGE39		FAGE58		
If no, age when he died			FDIE39		FDIE58		

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Walking During the last week, how many city blocks did you walk? What is your usual pace? How many flights of stairs did you climb up during the last week? Level of activity compared to last year	BLOCK59 PACE59	BLOCK04 (BLMILE04) PACE04 FLIGHT04 ACTLEV04	BLOCK59 (BLMILE59) PACE59 FLIGHT59 ACTLEV59	BLOCK59 (BLMILE59) PACE59 FLIGHT59 ACTLEV59	

Siblings
1st sibling
 Sex
 Year of birth
 Still alive?
  If dead, age at death
 Ever had a heart attack?
  If yes, age of first attack
 Ever had a stroke?
  If yes, age of first stroke
...
10th sibling
 Sex
 Year of birth
 Still alive?
  If dead, age at death
 Ever had a heart attack?
  If yes, age of first attack
 Ever had a stroke?
  If yes, age of first stroke					

Parents Is your natural mother still living? If yes, her age If no, age when she died Is your natural father still living? If yes, his age If no, age when he died					

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Women only
Number of times been pregnant
  Number of live births
Age of menopause
Have you had a hysterectomy?
  Age when had hysterectomy
Have you had an ovary removed?
  How many were removed?
  Age this was done
Have you taken Premarin?
  Age started taking Premarin
  Age stopped taking Premarin
Have you taken estrogens or other female hormones?
  Specify the medications
	PRGNT08
	LIVBTH08
	MENOPS08
	HYSTR08
	SURGER08
	OVARY08
	NOVARY08
	AGEOVA08
	PREMAR08
	STRPRM08
	STPPRM08
	
	ESTROG08
	SPEC108
	SPEC208
	SPEC308
		
		MED138
		MED238
		MED338
					PRGNT58
					LIVBTH58
					MENOPS58
					HYSTR58
					SURGER58
					OVARY58
					NOVARY58
					AGEOVA58		

Are you currently taking estrogen?*
Are you currently taking Premarin?
Are you CURRENTLY taking estrogen such as Premarin or others?
  How many days/month?
  How long have you been taking it?
    Years
    Months
  Why are you taking estrogen?
    prevent hot flashes
    prevent other postmenopausal
      symptoms
    prevent osteoporosis
    prevent heart disease
    other reasons
      Specify other reasons
		ESTROG38
		PREMAR38
			ESTROC39
			
			ECDAY39
			
			ECMO39
			
			ECHOTF39
			ECSX39
			
			ECOSTE39
			ECCHD39
			ECOTH39
			ECOSPC39
				ESTROC29
				
				ECDAY29
				
				ECYRS29
				ECMO29
				
				ECHOTF29
				ECSX29
				
				ECOSTE29
				ECCHD29
				ECOTH29
				ECOSPC29
					ESTROC58
					
					ECDAY58
					
					ECYR58
					ECMO58
					
					ECHOTF58
					ECSX58
					
					ECOSTE58
					ECCHD58
					ECOTH58
					ECOSPC58
						ESTROC59
						
						ECDAY59
						
						ECYRS59
						ECMO59
						
						ECHOTF59
						ECSX59
						
						ECOSTE59
						ECCHD59
						ECHOTH59
						ECOSPC59
							ESTROC59
							
							ECDAY59
							
							ECHOTF59
							ECSX59
							
							ECOSTE59
							ECCHD59
							ECOTH59
							ECOSPC59

* For currently taking estrogen, see also Record 06

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Women only
Number of times been pregnant
  Number of live births
Age of menopause
Have you had a hysterectomy?
  Age when had hysterectomy
Have you had an ovary removed?
  How many were removed?
  Age this was done
Have you taken Premarin?
  Age started taking Premarin
  Age stopped taking Premarin
Have you taken estrogens or other
female hormones?
  Specify the medications					

Are you CURRENTLY taking estrogen such as Premarin or others?*
  How many days/month?
  How long have you been taking it?
    Years
    Months
  Why are you taking estrogen?
    prevent hot flashes
    prevent other postmenopausal
      symptoms
    prevent osteoporosis
    prevent heart disease
    other reasons
      Specify other reasons
				ESTROC59
				
				ECDAY59
				
				ECHOTF59
				
				ECSX59
				ECOSTE59
				ECCHD59
				ECOTH59
				ECOSPC59	

* For currently taking estrogen, see also Record 06

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
If you are not currently taking estrogen, have you taken any in the past?			ESTROP39	ESTROP29	ESTROP58	ESTROP59	
How many days/month?			EPDAY39	EPDAY29	EPDAY58	EPDAY59	
When did you stop?							
Year			EYR39	EPYEAR29	EYR58	EPYEAR59	
Age			EAGE39	EPAGE29	EAGE58	EPAGE59	
How long did you take estrogen?							
Years				EPYRS29	EPYR58	EPYRS59	
Months			EPMO39	EPMO29	EPMO58	EPMO59	
Why did you take estrogen?							
prevent hot flashes			EPHOTF39	EPHOTF29	EPHOTF58	EPHOTF59	
prevent other postmenopausal symptoms			EPSX39	EPSX29	EPSX58	EPSX59	
prevent osteoporosis			EPOSTE39	EPOSTE29	EPOSTE58	EPOSTE59	
prevent heart disease			EPCHD39	EPCHD29	EPCHD58	EPCHD59	
other reasons			EPOTH39	EPOTH29	EPOTH58	EPOTH59	
Specify other reasons			EPOSPC39	EPOSPC29	EPOSPC58	EPOSPC59	
Are you currently taking progestins?*			PROGC39	PROGC29	PROGC58	PROGC59	PROGC59
How many days/month?			PCDAY39	PCDAY29	PCDAY58	PCDAY59	PCDAY59
How long?							
Years				PCYRS29	PCYR58	PCYRS59	
Months			PCMO39	PCMO29	PCMO58	PCMO59	
If you are not currently taking progestins, have you taken it in the past?			PROGP39	PROGP29	PROGP58	PROGP59	
How many days/month?			PPDAY39	PPDAY29	PPDAY58	PPDAY59	
When did you stop?							
Years			PYR39	PPYEAR29	PYR58	PPYEAR59	
Age			PAGE39	PPAGE29	PAGE58	PPAGE59	
How long did you take progestin?							
Years				PPYRS29	PPYR58	PPYRS59	
Month			PPMO39	PPMO29	PPMO58	PPMO59	

* For currently taking progestins, see also Record 06

Question	Year 8	Year 9	Year 10	Year 11	Year 12

If you are not currently taking estrogen, have you taken any in the past?
  How many days/month?
  When did you stop?
    Year
    Age
  How long did you take estrogen?
    Years
    Months
  Why did you take estrogen?
    prevent hot flashes
    prevent other postmenopausal
      symptoms
    prevent osteoporosis
    prevent heart disease
    other reasons
      Specify other reasons					

Are you currently taking progestins?*
  How many days/month?
  How long?
    Years
    Months
If you are not currently taking progestins, have you taken it in the past?
  How many days/month?
  When did you stop?
    Years
    Age
  How long did you take progestin?
    Years
    Month
				PROGC59
				PCDAY59	

* For currently taking progestins, see also Record 06

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Are you currently involved in any other medical studies? If yes, please name				MEDSTD29 NAMSTD29	OTHSTD58 NAMSTD58	MEDSTD59 NAMSTD59	MEDSTD59 NAMSTD59
Interviewer ID number Interview date Interviewer-administered		INTID38 INTDAT38	INTID39 INTDAT39	INTID29 ADMIN29	INTID58 INTDAT58 ADMIN58	INTID59 INTDAT59 ADMIN59	INTID59 INTDAT59 ADMIN59

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Are you currently involved in any other medical studies? If yes, please name	MEDSTD59 NAMSTD59	MEDSTD59 NAMSTD59	MEDSTD59 NAMSTD59	MEDSTD59 NAMSTD59	
Interviewer ID number Interview date Interviewer-administered Completed by: participant or proxy	INTID59 INTDAT59 ADMIN59	INTID59 INTDAT59 ADMIN59	INTID59 INTDAT59 ADMIN59 DATACL59	INTID59 INTDAT59 ADMIN59 DATACL59	

Calculated Variables

PERSONAL HX VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Total alcohol/week	ALCOH		ALCOH	ALCOH	ALCOH	ALCOH	ALCOH
Cans beer / wk	BEER		BEER	BEER	BEER	BEER	BEER
Ever smoker	EVERSM	EVERSM			EVERSM		
Hearing problem	HEARPROB*	HEARPROB*	HEARPROB*	HEARPROB*	HEARPROB*	HEARPROB*	
Shots liquor/wk	LIQUO		LIQUO	LIQUO	LIQUO	LIQUO	LIQUO
Pack years smoked	PKYRS**				PKYRS**		
Present smoker	PRESSM	PRESSM			PRESSM		
Current smoke status	SMOKE	SMOKE			SMOKE		
Vision problem	VISPROB***	VISPROB***	VISPROB***	VISPROB***	VISPROB***	VISPROB***	VISPROB***
Glasses wine / week	WINE		WINE	WINE	WINE	WINE	WINE
Years since quit smoking	YRSQUIT				YRSQUIT		

(Updated information on smoking status and alcohol consumption is available in the Personal History section, pages 70-73.)

*Hearing problem is coded "1" (yes) if unable to hear well enough to use the phone, listen to the radio, or carry on a conversation in a crowded room, with or without a hearing aid.

**PKYRS = (# of packs of cigarettes smoked per day) * (#of years smoked at this level), summed over all levels of smoking. For example, a person who smoked 3 packs per day for 1 year would have PKYRS = 3; alternatively someone who smoked 1 pack per day for 3 yrs would also have PKYRS = 3. If someone smoked 2 packs per day for 2 years (=4PKYRS) and then smoked 1 pack per day for 1 year (=1 PKYR), this person would have PKYRS=5.

***Vision problem is coded "1" (yes) if unable to see to drive, to watch TV, or to recognize someone across a room with or without glasses.

Calculated Variables

PERSONAL HX VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Total alcohol/week	ALCO65	ALCOH	ALCOH	ALCOH	
Cans beer / wk		BEER	BEER	BEER	
Ever smoker					
Hearing Problem		HEARPROB	HEARPROB	HEARPROB	
Shots liquor/wk		LIQUO	LIQUO	LIQUO	
Pack years smoked					
Present smoker					
Current smoke status					
Vision Problem		VISPROB	VISPROB	VISPROB	
Glasses wine / week		WINE	WINE	WINE	
Years since quit smoking					

(Updated information on smoking status and alcohol consumption is available in the Personal History section, pages 70-73.)

Neurologic History Form
(Record 22)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE22				DATE22		
Has a doctor ever told you that you had a stroke?	STK22				STK22		
Have you ever been hospitalized for a stroke?	HSSTK22				HSSTK22		

What problems or deficits did you have after the stroke?
 - Weakness of left face?
  - Still present?
 - Weakness of left arm/hand?
  - Still present?
 - Weakness of left leg/foot?
  - Still present?
 - Weakness of left side?
  - Still present?
 - Weakness of right face?
  - Still present?
 - Weakness of right arm/hand?
  - Still present?
 - Weakness of right leg/foot?
  - Still present?
 - Weakness of right side?
  - Still present?
	LFACEW22
	 LFACEP22
	 LARMW22
	 LARMP22
	 LLEGW22
	 LLEGP22
	 LSIDEW22
	 LSIDEP22
	 RFACEW22
	 RFACEP22
	 RARMW22
	 RARMP22
	 RLEGW22
	 RLEGP22
	 RSIDEW22
	 RSIDEP22
					LFACEW22
					 LFACEP22
					 LARMW22
					 LARMP22
					 LLEGW22
					 LLEGP22
					 LSIDEW22
					 LSIDEP22
					 RFACEW22
					 RFACEP22
					 RARMW22
					 RARMP22
					 RLEGW22
					 RLEGP22
					 RSIDEW22
					 RSIDEP22		

Has a doctor ever told you that you had a transient ischemic attack or TIA?	TIA22				TIA22		
Have you ever been hospitalized for a TIA?	HSTIA22				HSTIA22		

The data in this form is baseline information only; thus, no pages for Years 8-12 are included.

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
In the past year have you had any sudden loss or changes in speech?	SCH22				SCH22		
How many episodes of loss or changes in speech have you had?	SCHEPN22				SCHEPN22		
When was the (most recent) episode?	SCHEPT22				SCHEPT22		
How long did it (longest episode) last?	SCHEPL22				SCHEPL22		
Did the (worst) episode come on suddenly?	SCHEPS22				SCHEPS22		
How long did it take for the symptoms to get as bad as they were going to get?	SCHSYM22				SCHSYM22		
Do any of the following describe your (worst episode of) change in speech: - Slurred speech like you were drunk? - Could talk but wrong words came out? - Knew what you wanted to say, but the words would not come out? - Could not think of the right words? - If more than one, which of the above most closely describes your problem?	SCHDRK22 SCHWRG22 SCHWRD22 SCHRWD22 SCHDSC22				SCHDRK22 SCHWRG22 SCHWRD22 SCHRWD22 SCHDSC22		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

While you were having your (worst) episode of change in speech, did any of the following occur:
 - Numbness or tingling?
   - Side of difficulty:
 - Paralysis or weakness?
   -Side of difficulty:
 - lightheadedness, dizziness, or loss of balance?
 - blackouts or fainting?
 - seizures or convulsions?
 - headaches?
 - vision loss or blurring of vision?
 	
 Did you have: (select one)
 - double vision?
 - vision loss in right eye only?
 - vision loss in left eye only?
 - total loss of vision in both eyes?
 - trouble in both eyes seeing to right?
 - trouble in both eyes seeing to left?
 - trouble in both eyes seeing both sides or straight ahead?
 - none of the above?
	SCHTGL22
	 SCHDFT22
	 SCHWK22
	 SCHDFW22
	
	 SCHDIZ22
	 SCHFNT22
	 SCHCON22
	 SCHHDC22
	 SCHBLR22
	
	 SCHHAD22
					SCHTGL22
					 SCHDFT22
					 SCHWK22
					 SCHDFW22
					
					 SCHDIZ22
					 SCHFNT22
					 SCHCON22
					 SCHHDC22
					 SCHBLR22
					
					 SCHHAD22		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
In the past year have you had any sudden loss or blurring of vision, complete or partial?	VIS22				VIS22		
How many episodes of loss or blurring of vision have you had?	VISEPN22				VISEPN22		
When was the (most recent) episode?	VISEPT22				VISEPT22		
How long did it (longest episode) last?	VISEPL22				VISEPL22		
Did the (worst) episode come on suddenly?	VISEPS22				VISEPS22		
How long did it take for symptoms to get as bad as they were going to get?	VISSYM22				VISSYM22		
During the (worst) episode, which of the following parts of your vision were affected	VISPRT22				VISPRT22		
Did you have: (select one)	VISHAD22				VISHAD22		
- trouble seeing to the right, but not to the left?							
- trouble seeing to the left, but not to the right?							
- trouble seeing to both sides or straight ahead?							
- other?							

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

While you were having your (worst episode of) loss of vision, did any of the following occur:
- Speech disturbance?
- Numbness or tingling?
  - Side of difficulty:
- Paralysis or weakness?
  - Side of difficulty:
- Lightheadedness, dizziness, or loss of balance?
- Blackouts or fainting?
- Seizures or convulsions?
- Headache?
- Flashing lights?
	VISDIS22
	VISTGL22
	VISDFT22
	VISWK22
	VISDFW22
	
	VISDIZ22
	VISFNT22
	VISCON22
	VISHDC22
	VISFLS22
					VISDIS22
					VISTGL22
					VISDFT22
					VISWK22
					VISDFW22
					
					VISDIZ22
					VISFNT22
					VISCON22
					VISHDC22
					VISFLS22		

In the past year, have you had a sudden spell of double vision? If you closed one eye, did the double vision go away? How many episodes of double vision have you had? When was the (most recent) episode? How long did it (longest episode) last? Did the (worst) episode come on suddenly? How long did it take for the symptoms to get as bad as they were going to get?	VISDBL22 DBLGO22 DBLEPN22 DBLEPT22 DBLEPL22 DBLEPS22 DBLSYM22				VISDBL22 DBLGO22 DBLEPN22 DBLEPT22 DBLEPL22 DBLEPS22 DBLSYM22		

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

While you were having your (worst episode of) double vision, did any of the following occur:
- Speech disturbance?
- Numbness or tingling?
  - Side of difficulty:
- Paralysis or weakness?
  - Side of difficulty:
- Lightheadedness, dizziness, or loss of balance?
- Blackouts or fainting?
- Seizures or convulsions?
- Headache?
	DBLDIS22
	DBLTGL22
	DBLDFT22
	DBLWK22
	DBLDFW22
	
	DBLDIZ22
	DBLFNT22
	DBLCON22
	DBLHDC22
					DBLDIS22
					DBLTGL22
					DBLDFT22
					DBLWK22
					DBLDFW22
					
					DBLDIZ22
					DBLFNT22
					DBLCON22
					DBLHDC22		

In the past year, have you had sudden numbness, tingling, or loss of feeling on one side of your body, including your face, arm or leg? Did the feeling of numbness or tingling occur only when you kept your arms or legs in a certain position? When was the (most recent) episode? How long did it (longest episode) last? Did the (worst) episode come on suddenly? How long did it take for the symptoms to get as bad as they were going to get?	NUM22 NUMPOS22 NUMEPT22 NUMEPL22 NUMEPS22 NUMSYM22				NUM22 NUMPOS22 NUMEPT22 NUMEPL22 NUMEPS22 NUMSYM22		

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
During the (worst) episode, which part or parts of your body were affected: - left arm or hand? - left leg or foot? - left side of face? - right arm or hand? - right foot or leg? - right side of face? - other? During this episode, did the abnormal sensation start in one part of your body and spread to another, or did it stay in the same place?	NUMLHD22 NUMLFT22 NUMLFC22 NUMRFT22 NUMRFT22 NUMRFC22 NUMOTH22 NUMSPD22				NUMLHD22 NUMLFT22 NUMLFC22 NUMRFT22 NUMRFT22 NUMRFC22 NUMOTH22 NUMSPD22		
While you were having your (worst) episode of numbness, tingling or loss of sensation, did any of the following occur: - Speech disturbance? - Paralysis or weakness? - Side of difficulty: - Lightheadedness, dizziness, or loss of balance? - Blackouts or fainting? - Seizures or convulsions? - Headache? - Pain in the numb or tingling arm, leg, or face? - Vision loss or blurring of vision?	NUMDIS22 NUMWK22 NUMDFW22 NUMDIZ22 NUMFNT22 NUMCON22 NUMHDC22 NUMPN22 NUMBLR22				NUMDIS22 NUMWK22 NUMDFW22 NUMDIZ22 NUMFNT22 NUMCON22 NUMHDC22 NUMPN22 NUMBLR22		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Did you have: (select one) - double vision? - vision loss in right eye only? - vision loss in left eye only? - total loss of vision in both eyes? - trouble in both eyes seeing to right? - trouble in both eyes seeing to left? - trouble in both eyes seeing both sides or straight ahead? - none of the above?	NUMHAD22				NUMHAD22		
In the past year, have you had any sudden episodes of paralysis or weakness on one side of your body, including your face, arm or leg? When was the (most recent) episode? How long did it (longest episode) last? Did the (worst) episode come on suddenly? How long did it take for the symptoms to get as bad as they were going to get?	PRL22 PRLEPT22 PRLEPL22 PRLEPS22 PRLSYM22				PRL22 PRLEPT22 PRLEPL22 PRLEPS22 PRLSYM22		
During the (worst) episode, which part or parts of your body were affected: - left arm or hand? - left leg or foot? - left side of face? - right arm or hand? - right foot or leg? - right side of face? - other? During this episode, did the paralysis or weakness start in one part of your body and spread to another, or did it stay in the same place?	PRLLHD22 PRLLFT22 PRLLFC22 PRLRFT22 PRLRFT22 PRLRFC22 PRLOTH22 PRLSPD22				PRLLHD22 PRLLFT22 PRLLFC22 PRLRFT22 PRLRFT22 PRLRFC22 PRLOTH22 PRLSPD22		

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
While you were having your (worst) episode of paralysis or weakness, did any of the following occur: - Speech disturbance? - Numbness or tingling? - Side of difficulty: - Lightheadedness, dizziness, or loss of balance? - Blackouts or fainting? - Seizures or convulsions? - Headache? - Pain in the numb or tingling arm, leg, or face? - Vision loss or blurring of vision? Did you have: (select one) - double vision? - vision loss in right eye only? - vision loss in left eye only? - total loss of vision in both eyes? - trouble in both eyes seeing to right? - trouble in both eyes seeing to left? - trouble in both eyes seeing both sides or straight ahead? - none of the above?	PRLDIS22 PRLTGL22 PRLDFT22 PRLDIZ22 PRLFNT22 PRLCON22 PRLHDC22 PRLPN22 PRLBLR22 PRLHAD22				PRLDIS22 PRLTGL22 PRLDFT22 PRLDIZ22 PRLFNT22 PRLCON22 PRLHDC22 PRLPN22 PRLBLR22 PRLHAD22		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
In the past year, have you had any sudden spells of dizziness, loss of balance, or sensation of spinning?	BAL22				BAL22		
Did the dizziness, loss of balance or spinning sensation occur only when changing the position of your head or body?	BALPOS22				BALPOS22		
How many episodes of dizziness, loss of balance or spinning sensation have you had?	BALEPN22				BALEPN22		
When was the (most recent) episode?	BALEPT22				BALEPT22		
How long did it (longest episode) last?	BALEPL22				BALEPL22		
Did the (worst) episode come on suddenly?	BALEPS22				BALEPS22		
How long did it take for the symptoms to get as bad as they were going to get?	BALSYM22				BALSYM22		
While you were having your (worst) episode of dizziness, loss of balance, or spinning sensation, did any of the following occur:							
- Speech disturbance?	BALDIS22				BALDIS22		
- Paralysis or weakness?	BALWK22				BALWK22		
- Side of difficulty:	BALDFW22				BALDFW22		
- Numbness or tingling?	BALTGL22				BALTGL22		
- Side of difficulty:	BALDFT22				BALDFT22		
- Blackouts or fainting?	BALFNT22				BALFNT22		
- Seizures or convulsions?	BALCON22				BALCON22		
- Headache?	BALHDC22				BALHDC22		
- Vision loss or blurring of vision?	BALBLR22				BALBLR22		

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Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Did you have: (select one) - double vision? - vision loss in right eye only? - vision loss in left eye only? - total loss of vision in both eyes? - trouble in both eyes seeing to right? - trouble in both eyes seeing to left? - trouble in both eyes seeing both sides or straight ahead? - none of the above?	BALHAD22				BALHAD22		
In the past year, have you had any of the following: - Spinning sensation, vertigo? - Loss of balance? - Difficulty walking? - Blackouts or fainting? - Frequent falls? - Do you usually get dizzy or light-headed when you stand up quickly?	SPIN22 LOSBAL22 WALK22 FAINT22 FALL22 DIZZY22				SPIN22 LOSBAL22 WALK22 FAINT22 FALL22 DIZZY22		
Interviewer IDNO	INTID22				INTID22		

Calculated Variables

NEUROLOGIC HX	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
DIAGNOSIS* OF TIA/STROKE FROM QUESTIONNAIRE VARIABLES: Section used Loss/Change of Speech Loss of Vision Double Vision Numbness or Tingling Paralysis or Weakness Dizziness or Loss of Balance	SPLOSS22 VSLOSS22 DBLVIS22 NUMTNG22 PARWK22 DIZBAL22				SPLOSS22 VSLOSS22 DBLVIS22 NUMTNG22 PARWK22 DIZBAL22		

* Diagnosis from TIA/STROKE Algorithm. Each of the Record 22 calculated variables is based on six different symptoms, any of which can indicate a possible stroke or TIA. For each symptom there are numerous questions about its location, duration, and other associated problems. Based on the responses to these questions, a value is computed for each symptom indicating the possible origin of a stroke or TIA. A zero value for a given symptom indicates either that 1) the symptom did not occur, or 2) if the symptom did occur, the subsequent responses did not suggest a stroke or TIA. The value labels for each of these variables are:

0=no event
1=TIA, vertebrobasilar insufficiency
2=TIA, right carotid
3=TIA, left carotid
4=stroke, vertebrobasilar insufficiency
5=stroke, right carotid
6=stroke, left carotid

The following reference provides further information about the TIA/Stroke Algorithm:
Karanjia PN, Nelson JJ, Lefkowitz DS, Dick AR, Toole JF, Chambless LE, Hayes R, Howard VJ. Validation of the ACAS TIA/stroke algorithm. Neurology 1997;48:346-351.

Prevalent Disease Form
(Record 40)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE40				DATE40		
Participant ID	IDNO				IDNO		
MI							
Exam Results	MIEXAM40				MIEXAM40		
Method of Confirmation	MIMTD40				MIMTD40		
Result of Confirmation	MIRSLT40				MIRSLT40		
Baseline Classification	MIBASE40				MIBASE40		
Current Classification	MISTAT40				MISTAT40		
Angina							
Exam Results	ANEXAM40				ANEXAM40		
Method of Confirmation	ANMTD40				ANMTD40		
Result of Confirmation	ANRSLT40				ANRSLT40		
Baseline Classification	ANBASE40				ANBASE40		
Current Classification	ANSTAT40				ANSTAT40		
CHF							
Exam Results	CHEXAM40				CHEXAM40		
Method of Confirmation	CHMTD40				CHMTD40		
Result of Confirmation	CHRSLT40				CHRSLT40		

Prevalent Disease Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Baseline Classification	CHBASE40				CHBASE40		
Current Classification	CHSTAT40				CHSTAT40		
Claudication							
Exam Results	CLEXAM40				CLEXAM40		
Baseline Classification	CLBASE40				CLBASE40		
Current Classification	CLSTAT40				CLSTAT40		
Stroke							
Method of Confirmation	STMTD40				STMTD40		
Result of Confirmation	STRSLT40				STRSLT40		
Baseline Classification	STBASE40				STBASE40		
Current Classification	STSTAT40				STSTAT40		
TIA							
Baseline Classification	TIBASE40				TIBASE40		
Current Classification	TISTAT40				TISTAT40		
Method of Confirmation	TIMTD40				TIMTD40		
Result of Confirmation	TIRSLT40				TIRSLT40		

Quality of Life; Social Support
(Record 03)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KDATE03	KDATE03	KDATE03	KDATE03	KDATE03	YEAR03	YEAR03
How do you feel about life as a whole?	FEEL03	FEEL03	FEEL03	FEEL03	FEEL03	FEEL03	FEEL03
How satisfied are you with the meaning and purpose of your life?	SATISF03	SATISF03	SATISF03	SATISF03	SATISF03	SATISF03	SATISF03
How true are the following statements: - When I feel lonely there are several people I can talk to. - I often meet or talk with family or friends. - If I were sick I could easily find someone to help me with daily chores. - When I need suggestions on how to deal with a personal problem, I know someone I can turn to. - There is at least one person I know whose advice I really trust. - If I had to go out of town for a few weeks, it would be difficult to find someone to look after my apartment.	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	
Social support score (calculated as sum of questions 3-8)	SCORE03	SCORE03	SCORE03	SCORE03	SCORE03	SCORE03	
How many relatives do you see or hear from at least once per month?	RELATI03	RELATI03	RELATI03	RELATI03	RELATI03	RELATI03	

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR03	YEAR03	YEAR03	YEAR03	
How do you feel about life as a whole?	FEEL03	FEEL03	FEEL03	FEEL03	
How satisfied are you with the meaning and purpose of your life?	SATISF03	SATISF03	SATISF03	SATISF03	
How true are the following statements: - When I feel lonely there are several people I can talk to. - I often meet or talk with family or friends. - If I were sick I could easily find someone to help me with daily chores. - When I need suggestions on how to deal with a personal problem, I know someone I can turn to. - There is at least one person I know whose advice I really trust. - If I had to go out of town for a few weeks, it would be difficult to find someone to look after my apartment.				LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	
Social support score (calculated as sum of questions 1-8)				SCORE03	
How many relatives do you see or hear from at least once per month?				RELATI03	

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Quality of Life; Social Support (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
How often do you see or hear from the relative with whom you have the most contact?	BETRLT03	BETRLT03	BETRLT03	BETRLT03	BETRLT03	BETRLT03	
How many relatives do you feel close to?	CLOSE03	CLOSE03	CLOSE03	CLOSE03	CLOSE03	CLOSE03	
How many close friends do you have?	CLSFRD03	CLSFRD03	CLSFRD03	CLSFRD03	CLSFRD03	CLSFRD03	
How many of these friends do you see or hear from at least once per month?	SEEFR103	SEEFR103	SEEFR103	SEEFR103	SEEFR103	SEEFR103	
How often do you see or hear from the friend with whom you have the most contact?	SEEFR203	SEEFR203	SEEFR203	SEEFR203	SEEFR203	SEEFR203	
When you have an important decision to make, how often do you have someone you can talk to about it?	DCSN303	DCSN303	DCSN303	DCSN303	DCSN303	DCSN303	
When other people you know have an important decision to make, how often do they talk to you about it?	DCSN203	DCSN203	DCSN203	DCSN203	DCSN203	DCSN203	
Does anybody rely on you to do something for them each day? (e.g. shopping, cooking, childcare, etc.)	RELYON03	RELYON03	RELYON03	RELYON03	RELYON03	RELYON03	
How often do you help anybody with things like shopping, filling out forms, childcare, etc.?	HLPSHP03	HLPSHP03	HLPSHP03	HLPSHP03	HLPSHP03	HLPSHP03	
Do you live alone or with other people? (who do you live with?)	LIVE03	LIVE03	LIVE03	LIVE03	LIVE03	LIVE03	

Quality of Life; Social Support (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
How often do you see or hear from the relative with whom you have the most contact?				BETRLT03	
How many relatives do you feel close to?				CLOSE03	
How many close friends do you have?				CLSFRD03	
How many of these friends do you see or hear from at least once per month?				SEEFR103	
How often do you see or hear from the friend with whom you have the most contact?				SEEFR203	
When you have an important decision to make, how often do you have someone you can talk to about it?				DCSN303	
When other people you know have an important decision to make, how often do they talk to you about it?				DCSN203	
Does anybody rely on you to do something for them each day? (e.g. shopping, cooking, childcare, etc.)				RELYON03	
How often do you help anybody with things like shopping, filling out forms, childcare, etc.?				HLPSHP03	
Do you live alone or with other people? (who do you live with?)				LIVE03	

Quality of Life; Social Support (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Social Network Score (calculated as sum of questions 9-19)	NETSCR03	NETSCR03	NETSCR03	NETSCR03	NETSCR03	NETSCR03	
Answered by the interviewer: - How well was the respondent able to answer the questions? - How cooperative was the respondent in answering the questions?				IABLE03 ICOOP03	IABLE03 ICOOP03	IABLE03 ICOOP03	
Interviewer identification number	INTID03	INTID03	INTID03	INTID03	INTID03	INTID03	INTID03
Date of interview	DATE03	DATE03	DATE03	DATE03	DATE03	DATE03	DATE03

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Social Network Score (calculated as sum of questions 9-19)				NETSCR03	
Answered by the interviewer: - How well was the respondent able to answer the questions? - How cooperative was the respondent in answering the questions?				IABLE03 ICOOP03	
Interviewer identification number	INTID03	INTID03	INTID03	INTID03	
Date of interview	DATE03	DATE03	DATE03	DATE03	

Depression / Life Events Form
(Record 05)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date of Key Entry	KDATE05	KDATE05	KDATE05	KDATE05	KDATE05	YEAR05	YEAR05
LIFE EVENTS IN THE PAST SIX MONTHS							
Have you moved? When? Was it positive or negative?	MOVE05	MOVE05 MOVWHN05 MOVPOS05	MOVE05 MOVWHN05 MOVPOS05	MOVE05 MOVWHN05 MOVPOS05	MOVE05	MOVE05 MOVWHN05 MOVPOS05	
Did a close person die?* When?* Who died? Spouse Brother Sister Mother Father Child Other relative Friend Pet Other	DIE05 SPOUSE05 BROTHR05 SISTER05 MOTHER05 FATHER05 CHILD05 OTHREL05 FRIEND05 PET05 OTHER05	DIE05 DIEWHN05	DIE05 DIEWHN05 SPOUSE05 BROTHR05 SISTER05 MOTHER05 FATHER05 CHILD05 OTHREL05 FRIEND05 PET05 OTHER05	DIE05 DIEWHN05 SPOUSE05 BROTHR05 SISTER05 MOTHER05 FATHER05 CHILD05 OTHREL05 FRIEND05 PET05 OTHER05	DIE05	DIE05 DIEWHN05 SPOUSE05 BROTHR05 SISTER05 MOTHER05 FATHER05 CHILD05 OTHREL05 FRIEND05 PET05 OTHER05	
Did you or a close person have a serious accident or illness?* When?*	ILL05	ILL05 ILLWHN05	ILL05 ILLWHN05	ILL05 ILLWHN05	ILL05	ILL05 ILLWHN05	
Important relationship become worse?* When?*	WORSE05	WORSE05 WRSWHN05	WORSE05 WRSWHN05	WORSE05 WRSWHN05	WORSE05	WORSE05 WRSWHN05	
Change in personal finances?* When?* Was it positive or negative?*	FINANC05 FNNCIN05	FINANC05 FNCWHN05 FNNCIN05	FINANC05 FNCWHN05 FNNCIN05	FINANC05 FNCWHN05 FNNCIN05	FINANC05 FNNCIN05	FINANC05 FNCWHN05 FNNCIN05	

* These variables were also collected in the Six Months Phone Follow-ups and can be found in Records 31 & 32.

Depression/Life Events (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date of Key Entry	YEAR05	YEAR05	YEAR05	KDATE05	
LIFE EVENTS IN THE PAST SIX MONTHS					
Have you moved? When? Was it positive or negative?				MOVE05 MOVWHN05 MOVPOS05	
Did a close person die?* When?* Who died? Spouse Brother Sister Mother Father Child Other relative Friend Pet Other Specify other				DIE05 DIEWHN05 SPOUSE05 BROTHR05 SISTER05 MOTHER05 FATHER05 CHILD05 OTHREL05 FRIEND05 PET05 OTHER05 SPEC05	
Did you or a close person have a serious accident or illness?* When?*				ILL05 ILLWHN05	
Important relationship become worse?* When?* Change in personal finances?* When?* Was it positive or negative?*				WORSE05 WRSWHN05 FINANC05 FNCWHN05 FNNCIN05	

* These variables were also collected in the Six Months Phone Follow-ups and can be found in Records 31 & 32.

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
You or close person been assaulted or robbed?* When?*	ROB05	ROB05 ROBWHN05	ROB05 ROBWHN05	ROB05 ROBWHN05	ROB05	ROB05 ROBWHN05	
Problem caring for a sick or disabled relative?* Has it become harder in last month?*	SICK05 SCKWHN05	SICK05 SCKWHN05	SICK05 SCKWHN05	SICK05 SCKWHN05	SICK05	SICK05 SCKWHN05	
Have you retired, changed, or lost job?* When?* Was it due to retirement? Was it positive or negative?*	JOB05 RETIRE05 RTRIN05	JOB05 JOBWHN05 RTRIN05	JOB05 JOBWHN05 RTRIN05	JOB05 JOBWHN05 RTRIN05	JOB05	JOB05 JOBWHN05 RTRIN05	
Grandchild born?*	BORN05	BORN05	BORN05	BORN05	BORN05	BORN05	
Any other important things happen?* What happened?* Was it positive or negative?*	HAPPEN05 HPNSPC05 HPNIN05	HAPPEN05 HPNSPC05 HPNIN05	HAPPEN05 HPNSPC05 HPNIN05	HAPPEN05 HPNSPC05 HPNIN05	HAPPEN05	HAPPEN05 HPNSPC05 HPNIN05	
HOW OFTEN FELT THE FOLLOWING DURING LAST WEEK Bothered by things that usually don't bother Trouble keeping mind on task Everything was an effort Felt depressed Felt hopeful about future Felt fearful Restless sleep Felt happy Felt lonely Could not get going	BOTHER05 TROUBL05 EFFORT05 DEPRES05 FUTURE05 FEAR05 SLEEP05 HAPPY05 LONLY05 GETGO05	BOTHER05 TROUBL05 EFFORT05 DEPRES05 FUTURE05 FEAR05 SLEEP05 HAPPY05 LONLY05 GETGO05	BOTHER05 TROUBL05 EFFORT05 DEPRES05 FUTURE05 FEAR05 SLEEP05 HAPPY05 LONLY05 GETGO05	BOTHER05 TROUBL05 EFFORT05 DEPRES05 FUTURE05 FEAR05 SLEEP05 HAPPY05 LONLY05 GETGO05	BOTHER05 TROUBL05 EFFORT05 DEPRES05 FUTURE05 FEAR05 SLEEP05 HAPPY05 LONLY05 GETGO05	BOTHER05 TROUBL05 EFFORT05 DEPRES05 FUTURE05 FEAR05 SLEEP05 HAPPY05 LONLY05 GETGO05	BOTHER05 TROUBL05 EFFORT05 DEPRES05 FUTURE05 FEAR05 SLEEP05 HAPPY05 LONLY05 GETGO05

* These variables were also collected in the Six Months Phone Follow-ups and can be found in Records 31 & 32.

Depression/Life Events (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
You or close person been assaulted or robbed?* When?*				ROB05 ROBWHN05	
Problem caring for a sick or disabled relative?* Has it become harder in last month?*				SICK05 SCKWHN05	
Have you retired, changed, or lost job?* When?* Was it due to retirement? Was it positive or negative?*				JOB05 JOBWHN05 RTRIN05	
Grandchild born?*				BORN05	
Any other important things happen?* What happened?* Was it positive or negative?*				HAPPEN05 HPNSPC05 HPNIN05	
HOW OFTEN FELT THE FOLLOWING DURING LAST WEEK Bothered by things that usually don't bother Trouble keeping mind on task Everything was an effort Felt depressed Felt hopeful about future Felt fearful Restless sleep Felt happy Felt lonely Could not get going	BOTHER05 TROUBL05 EFFORT05 DEPRES05 FUTURE05 FEAR05 SLEEP05 HAPPY05 LONLY05 GETGO05	BOTHER05 TROUBL05 EFFORT05 DEPRES05 FUTURE05 FEAR05 SLEEP05 HAPPY05 LONLY05 GETGO05	BOTHER05 TROUBL05 EFFORT05 DEPRES05 FUTURE05 FEAR05 SLEEP05 HAPPY05 LONLY05 GETGO05	BOTHER05 TROUBL05 EFFORT05 DEPRES05 FUTURE05 FEAR05 SLEEP05 HAPPY05 LONLY05 GETGO05	

* These variables were also collected in the Six Months Phone Follow-ups and can be found in Records 31 & 32.

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

VITAL EXHAUSTION
    Often feel tired?
        How long been feeling tired?
        Increased in the past year?
    Wake up feeling exhaustion?
        How long been feeling that?
    Feel weak all over?
    Can't cope with everyday probs?							

PERCEIVED STRESS SCALE
    Feel can't control things in your life?
    Felt confident about ability to handle
        problems?
    Things going your way?
    Too many difficulties to overcome?							

COMPOSITE SCORES Depression scale total Life events score Life events score for last month	DEPSCR05 LESCR05	DEPSCR05 LESCR05 LESCR205	DEPSCR05 LESCR05 LESCR205	DEPSCR05 LESCR05 LESCR205	DEPSCR05 LESCR05 LESCR205	DEPSCR05 LESCR05 LESCR205	DEPSCR05
Interviewer identification number Date of visit	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05

Depression/Life Events (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
VITAL EXHAUSTION 　Often feel tired? 　　How long been feeling tired? 　　Increased in the past year? 　Wake up feeling exhaustion? 　　How long been feeling that? 　Feel weak all over? 　Can't cope with everyday probs?				TIRED05 TIRTIM05 TIRINC05 FATIG05 FATTIM05 WEAK05 COPE05	
PERCEIVED STRESS SCALE 　Feel can't control things in your life? 　Felt confident about ability to handle 　　problems? 　Things going your way? 　Too many difficulties to overcome?				CONTRL05 CONFID05 GNGYRW05 OVRCME05	
COMPOSITE SCORES Depression scale total Life events score Life events score for last month	DEPSCR05	DEPSCR05	DEPSCR05	DEPSCR05 LESCR05 LESCR205	
Interviewer identification number Date of visit	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	

Cognitive Function Form
(Records 10, 34)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KDATE10	KDATE34	KDATE34	KDATE34	KDATE34	YEAR34	YEAR34

<u>Temporal & Spatial Orientation</u>
What...
  is the year?
   (answer in error)
  season of the year is it?
  (answer in error)
  is the date?
  (answer in error)
  is the day of the week?
  (answer in error)
  is the month?
  (answer in error)
  state are we in?
  (answer in error)
  county are we in?
  (answer in error)
  city/town are we in?
  (answer in error)
  floor of the building are we on?
  (answer in error)
  is this address?
  (answer in error)
Are we in a clinic, store, or home?
	YEAR10
	ERR110
	SEASON10
	ERR210
	DATE310
	ERR310
	WEEK10
	ERR410
	MONTH10
	ERR510
	STATE10
	ERR610
	COUNTY10
	ERR710
	CITY10
	ERR810
	FLOOR10
	ERR910
	ADDRES10
	ERR1010
		
		SEASON34
		ERR234
		DATE34
		
		DAY34
		ERR134
		
		STATE34
		ERR334
		COUNTY34
		ERR434
		CITY34
		ERR534
		
		CLINIC34
			
			SEASON34
			ERR234
			DATE34
			
			DAY34
			ERR134
			
			STATE34
			ERR334
			COUNTY34
			ERR434
			CITY34
			ERR534
			
			CLINIC34
				
				SEASON34
				ERR234
				DATE34
				
				DAY34
				ERR134
				
				STATE34
				ERR334
				COUNTY34
				ERR434
				CITY34
				ERR534
				
				CLINIC34
					
					SEASON34
					ERR234
					DATE34
					
					DAY34
					ERR134
					
					STATE34
					ERR334
					COUNTY34
					ERR434
					CITY34
					ERR534
					
					CLINIC34
						
						SEASON34
						ERR234
						DATE34
						
						DAY34
						ERR134
						
						STATE34
						ERR334
						COUNTY34
						ERR434
						CITY34
						ERR534
						
						CLINIC34
							
							SEASON34
							ERR234
							DATE34
							
							DAY34
							ERR134
							
							STATE34
							ERR334
							COUNTY34
							ERR434
							CITY34
							ERR534
							
							CLINIC34

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR34	YEAR34	YEAR34	YEAR34	

Temporal & Spatial Orientation
What...
  is the year?
   (answer in error)
  season of the year is it?
   (answer in error)
  is the date?
   (answer in error)
  is the day of the week?
   (answer in error)
  is the month?
   (answer in error)
  state are we in?
   (answer in error)
  county are we in?
   (answer in error)
  city/town are we in?
   (answer in error)
  floor of the building are we on?
   (answer in error)
  is this address?
   (answer in error)
Are we in a clinic, store, or home?
	SEASON34
	ERR234
	DATE34
	
	DAY34
	ERR134
	
	STATE34
	ERR334
	COUNTY34
	ERR434
	CITY34
	ERR534
	
	CLINIC34
		SEASON34
		ERR234
		DATE34
		
		DAY34
		ERR134
		
		STATE34
		ERR334
		COUNTY34
		ERR434
		CITY34
		ERR534
		
		CLINIC34
			SEASON34
			ERR234
			DATE34
			
			DAY34
			ERR134
			
			STATE34
			ERR334
			COUNTY34
			ERR434
			CITY34
			ERR534
			
			CLINIC34
				SEASON34
				ERR234
				DATE34
				
				DAY34
				ERR134
				
				STATE34
				ERR334
				COUNTY34
				ERR434
				CITY34
				ERR534
				
				CLINIC34	

Cognitive Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Birth
When were you born?
  year
  month
  day
Where?
  City/town (Answer)
   answered the question?
   answer when asked later
    answered the question?
  State/county (Answer)
   answered the question
   answer when asked later
    answered the question?
		YEARB34
		MONTHB34
		DAYB34
		
		CITY134
		CITY234
		CITY334
		CITY434
		STATE134
		STATE234
		STATE334
		STATE434
			YEARB34
			MONTHB34
			DAYB34
			
			CITY134
			CITY234
			CITY334
			CITY434
			STATE134
			STATE234
			STATE334
			STATE434
				YEARB34
				MONTHB34
				DAYB34
				
				CITY134
				CITY234
				CITY334
				CITY434
				STATE134
				STATE234
				STATE334
				STATE434
					YEARB34
					MONTHB34
					DAYB34
					
					CITY134
					CITY234
					CITY334
					CITY434
					STATE134
					STATE234
					STAT334
					STATE434
						YEARB34
						MONTHB34
						DAYB34
						
						CITY134
						CITY234
						CITY334
						CITY434
						STATE134
						STATE234
						STATE334
						STATE434
							YEARB34
							MONTHB34
							DAYB34
							
							CITY134
							CITY234
							CITY334
							CITY434
							STATE134
							STATE234
							STATE334
							STATE434

Naming
What is this called?
  watch
  pencil
  forehead
  chin
  shoulder
  elbow
  knuckle
	WATCH10
	PENCIL10
		WATCH34
		PENCIL34
		FOREHD34
		CHIN34
		SHLDER34
		ELBOW34
		KNUCKL34
			WATCH34
			PENCIL34
			FOREHD34
			CHIN34
			SHLDER34
			ELBOW34
			KNUCKL34
				WATCH34
				PENCIL34
				FOREHD34
				CHIN34
				SHLDER34
				ELBOW34
				KNUCKL34
					WATCH34
					PENCIL34
					FOREHD34
					CHIN34
					SHLDER34
					ELBOW34
					KNUCKL34
						WATCH34
						PENCIL34
						FOREHD34
						CHIN34
						SHLDER34
						ELBOW34
						KNUCKL34
							WATCH34
							PENCIL34
							FOREHD34
							CHIN34
							SHLDER34
							ELBOW34
							KNUCKL34

Animals
What animals have 4 legs?
  animal 1
...
  animal 10
Number of names for 4-legged animal
		ANMAL134
		...
		ANMAL1034
		SCORE34
			ANMAL134
			...
			ANMAL1034
			SCORE34
				ANMAL134
				...
				ANMAL1034
				SCORE34
					ANMAL134
					...
					ANMAL1034
					SCORE34
						ANMAL134
						...
						ANMAL1034
						SCORE34
							ANMAL134
							...
							ANMAL1034
							SCORE34

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Birth
When were you born?
  year
  month
  day
Where?
  City/town (Answer)
   answered the question?
   answer when asked later
    answered the question?
  State/county (Answer)
   answered the question
   answer when asked later
    answered the question?
	YEARB34
	MONTHB34
	DAYB34
	
	CITY134
	CITY234
	CITY334
	CITY434
	STATE134
	STATE234
	STATE334
	STATE434
		YEARB34
		MONTHB34
		DAYB34
		
		CITY134
		CITY234
		CITY334
		CITY434
		STATE134
		STATE234
		STATE334
		STATE434
			YEARB34
			MONTHB34
			DAYB34
			
			CITY134
			CITY234
			CITY334
			CITY434
			STATE134
			STATE234
			STATE334
			STATE434
				YEARB34
				MONTHB34
				DAYB34
				
				CITY134
				CITY234
				CITY334
				CITY434
				STATE134
				STATE234
				STATE334
				STATE434	

Naming
What is this called?
  watch
  pencil
  forehead
  chin
  shoulder
  elbow
  knuckle
	WATCH34
	PENCIL34
	FOREHD34
	CHIN34
	SHLDER34
	ELBOW34
	KNUCKL34
		WATCH34
		PENCIL34
		FOREHD34
		CHIN34
		SHLDER34
		ELBOW34
		KNUCKL34
			WATCH34
			PENCIL34
			FOREHD34
			CHIN34
			SHLDER34
			ELBOW34
			KNUCKL34
				WATCH34
				PENCIL34
				FOREHD34
				CHIN34
				SHLDER34
				ELBOW34
				KNUCKL34	

Animals
What animals have 4 legs?
  animal 1
...
  animal 10
Number of names for 4-legged animal
	ANMAL134
	...
	ANMAL1034
	SCORE34
		ANMAL134
		...
		ANMAL1034
		SCORE34
			ANMAL134
			...
			ANMAL1034
			SCORE34
				ANMAL134
				...
				ANMAL1034
				SCORE34	

Cognitive Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Similarities
In what ways are... alike?
  an arm & a leg
  laughing & crying
  eating & sleeping
		ARMLEG34
		LAUGH34
		EAT34
			ARMLEG34
			LAUGH34
			EAT34
				ARMLEG34
				LAUGH34
				EAT34
					ARMLEG34
					LAUGH34
					EAT34
						ARMLEG34
						LAUGH34
						EAT34
							ARMLEG34
							LAUGH34
							EAT34

Registration & Recall
Repeat...
  word1
  word2
  word3
Number of presentations necess for patient to repeat.
What were they? (repeat 2nd time)
  word1
  word2
  word3
Repeat 3rd time
  word1
  word2
  word3
Repeat 'No ifs, ands or buts'
  no ifs
  ands
  or buts
Repeat 'I would like to go home/out'
	APPLE110
	TABLE110
	PENNY110
	
	APPLE210
	TABLE210
	PENNY210
	
	PHRASE10
		SHOES134
		BROWN134
		HONES134
		NUM134
		
		SHOES234
		BROWN234
		HONES234
		
		SHOES334
		BROWN334
		HONES334
		
		NOIFS34
		ANDS34
		BUTS34
		REPEAT34
			SHOES134
			BROWN134
			HONES134
			NUM134
			
			SHOES234
			BROWN234
			HONES234
			
			SHOES334
			BROWN334
			HONES334
			
			NOIFS34
			ANDS34
			BUTS34
			REPEAT34
				SHOES134
				BROWN134
				HONES134
				NUM134
				
				SHOES234
				BROWN234
				HONES234
				
				SHOES334
				BROWN334
				HONES334
				
				NOIFS34
				ANDS34
				BUTS34
				REPEAT34
					SHOES134
					BROWN134
					HONES134
					NUM134
					
					SHOES234
					BROWN234
					HONES234
					
					SHOES334
					BROWN334
					HONES334
					
					NOIFS34
					ANDS34
					BUTS34
					REPEAT34
						SHOES134
						BROWN134
						HONES134
						NUM134
						
						SHOES234
						BROWN234
						HONES234
						
						SHOES34
						BROWN334
						HONES334
						
						NOIFS34
						ANDS34
						BUTS34
						REPEAT34
							SHOES134
							BROWN134
							HONES134
							NUM134
							
							SHOES234
							BROWN234
							HONES234
							
							SHOES34
							BROWN334
							HONES334
							
							NOIFS34
							ANDS34
							BUTS34
							REPEAT34

Read a card & do what it says	READ10	CLSEYE34	CLSEYE34	CLSEYE34	CLSEYE34	CLSEYE34	CLSEYE34
Three Stage Command Takes paper in right hand Folds paper in half puts paper down on lap or hands back	DO110 DO210 DO310	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Similarities
In what ways are... alike?
  an arm & a leg
  laughing & crying
  eating & sleeping
	ARMLEG34
	LAUGH34
	EAT34
		ARMLEG34
		LAUGH34
		EAT34
			ARMLEG34
			LAUGH34
			EAT34
				ARMLEG34
				LAUGH34
				EAT34	

Registration & Recall
Repeat...
  word1
  word2
  word3
Number of presentations necess for patient to repeat.
What were they? (repeat 2nd time)
  word1
  word2
  word3
Repeat 3rd time
  word1
  word2
  word3
Repeat 'No ifs, ands or buts'
  no ifs
  ands
  or buts
Repeat 'I would like to go home/out'
	SHOES134
	BROWN134
	HONES134
	NUM134
	
	SHOES234
	BROWN234
	HONES234
	
	SHOES334
	BROWN334
	HONES334
	
	NOIFS34
	ANDS34
	BUTS34
	REPEAT34
		SHOES134
		BROWN134
		HONES134
		NUM134
		
		SHOES234
		BROWN234
		HONES234
		
		SHOES334
		BROWN334
		HONES334
		
		NOIFS34
		ANDS34
		BUTS34
		REPEAT34
			SHOES134
			BROWN134
			HONES134
			NUM134
			
			SHOES234
			BROWN234
			HONES234
			
			SHOES334
			BROWN334
			HONES334
			
			NOIFS34
			ANDS34
			BUTS34
			REPEAT34
				SHOES134
				BROWN134
				HONES134
				NUM134
				
				SHOES234
				BROWN234
				HONES234
				
				SHOES334
				BROWN334
				HONES334
				
				NOIFS34
				ANDS34
				BUTS34
				REPEAT34	

Read a card & do what it says	CLSEYE34	CLSEYE34	CLSEYE34	CLSEYE34	
Three Stage Command Takes paper in right hand Folds paper in half puts paper down on lap or hands back	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34	

Cognitive Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Math
a. 100 - 7 = 93 Answer
  Correct?
b. ... - 7   Answer
  Correct?
...
e. ... - 7   Answer
  Correct?
	SUB110
	SUBER110
	SUB210
	SUBER210
	
	...
	SUB510
	SUBER510						

Mental Reversal
Count 1-5 (Correct?)
Count backwards (5-1)
  1st number
 	
...
  5th number
Spell 'world'
Spell 'world' backwards
  D - Answer
    Correct?
  L - Answer
    Correct?
...
  W - Answer
    Correct?
	
	SPELD10
	SPELL110
	SPELL10
	SPELL210
	...
	SPELW10
	SPELL510
		COUNTF34
		
		COUNT134
		...
		COUNT534
		SPELLF34
		
		SPELL134
		
		SPELL234
		
		...
		SPELL534
			COUNTF34
			
			COUNT134
			...
			COUNT534
			SPELLF34
			
			SPELL134
			
			SPELL234
			
			...
			SPELL534
				COUNTF34
				
				COUNT134
				...
				COUNT534
				SPELLF34
				
				SPELL134
				
				SPELL234
				
				...
				SPELL534
					COUNTF34
					
					COUNT134
					...
					COUNT534
					SPELLF34
					
					SPELL134
					
					SPELL234
					
					...
					SPELL534
						COUNTF34
						
						COUNT134
						...
						COUNT534
						SPELLF34
						
						SPELL134
						
						SPELL234
						
						...
						SPELL534
							COUNTF34
							
							COUNT134
							...
							COUNT534
							
							SPELLF34
							
							SPELL134
							
							SPELL234
							
							...
							SPELL534

Writing
Write any complete sentence
Write 'I would like to go home/out'
  would
  like
  to
  go
  home
	WRITE10	
		
		WOULD34
		LIKE34
		TO34
		GO34
		HOME34
			
			WOULD34
			LIKE34
			TO34
			GO34
			HOME34
				
				WOULD34
				LIKE34
				TO34
				GO34
				HOME34
					
					WOULD34
					LIKE34
					TO34
					GO34
					HOME34
						
						WOULD34
						LIKE34
						TO34
						GO34
						HOME34
							
							WOULD34
							LIKE34
							TO34
							GO34
							HOME34

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Math a. 100 - 7 = 93 Answer b. ... - 7 Answer ... e. ... - 7 Answer					

<u>Mental Reversal</u>
Count 1-5 (Correct?)
Count backwards (5-1)
  1st number
...
  5th number
Spell 'world'
Spell 'world' backwards
  D - Answer
    Correct?
  L - Answer
    Correct?
...
  W - Answer
    Correct?
	COUNTF34
	
	COUNT134
	...
	COUNT534
	SPELLF34
	
	SPELL134
	
	SPELL234
	
	...
	SPELL534
		COUNTF34
		
		COUNT134
		...
		COUNT534
		SPELLF34
		
		SPELL134
		
		SPELL234
		
		...
		SPELL534
			COUNTF34
			
			COUNT134
			...
			COUNT534
			SPELLF34
			
			SPELL134
			
			SPELL234
			
			...
			SPELL534
				COUNTF34
				
				COUNT134
				...
				COUNT534
				SPELLF34
				
				SPELL134
				
				SPELL234
				
				...
				SPELL534	

<u>Writing</u>
Write any complete sentence
Write 'I would like to go home/out'
  would
  like
  to
  go
  home
	WOULD34
	LIKE34
	TO34
	GO34
	HOME34
		WOULD34
		LIKE34
		TO34
		GO34
		HOME34
			WOULD34
			LIKE34
			TO34
			GO34
			HOME34
				WOULD34
				LIKE34
				TO34
				GO34
				HOME34	

Cognitive Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Copy a drawing pentagon 1 pentagon 2 intersection	DRAW10	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34
Dominant Hand Hand used to write Hand use to throw a ball Hand use to hold a toothbrush		WHHAND34	WHHAND34 BALL34 TEETH34	WHHAND34 BALL34 TEETH34	WHHAND34 BALL34 TEETH34	WHHAND34 BALL34 TEETH34	WHHAND34 BALL34 TEETH34

Special problems?
  Primary problem
  Describe
  Secondary problem
	PROBS10
	
	SPEC10
		PROBS34
		
		SPEC34
			PROBS34
			
			SPEC34
				PROBS34
				PPROB34
				SPEC34
				SPEC234
					PROBS34
					PPROB34
					SPEC34
					SPEC234
						PROBS34
						PPROB34
						SPEC34
						SPEC234
							PROBS34
							PPROB34
							SPEC34
							SPEC234

Score Sum of above scores Sum of maximum scores Corrected score (30 point) 35 point score, MMSE MMSE score (computed for 100pt)*	RAWSCR10 MAXSCR10 CORSCR10 SCORE3510 MODMM10	SCORE134	SCORE134	SCORE134	SCORE134	SCORE134	SCORE134
Digit-Symbol Substitution Task Digit substitution indicator Test items Number of symbols correctly coded Number of symbols incorrectly coded	DIGIT10 DIGCOR10 DIGERR10	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34
Frustration Before Visual Test How frustrated do you feel right now? Systolic Blood Pressure Diastolic Blood Pressure							

    * Score134 is the 100 point score and MODMM10 is computed from CORSCR10

Cognitive Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Copy a drawing pentagon 1 pentagon 2 intersection	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	
Dominant Hand Hand used to write Hand use to throw a ball Hand use to hold a toothbrush	WHHAND34	WHHAND34	WHHAND34	WHHAND34	

Special problems?
  Primary problem
  Describe
  Secondary problem
	PROBS34
	PPROB34
	SPEC34
	SPEC234
		PROBS34
		PPROB34
		SPEC34
		SPEC234
			PROBS34
			PPROB34
			SPEC34
			SPEC234
				PROBS34
				PPROB34
				SPEC34
				SPEC234	

Score Sum of above scores Sum of maximum scores Corrected score (30 point) 35 point score, MMSE MMSE score (computed for 100pt)	SCORE134	SCORE134	SCORE134	SCORE134	
Digit-Symbol Substitution Task Digit substitution indicator Test items Number of symbols correctly coded Number of symbols incorrectly coded	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	
Frustration Before Visual Test How frustrated do you feel right now? Systolic Blood Pressure Diastolic Blood Pressure				FRUST134 SYS134 DIA134	

Cognitive Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Frustration After Visual Test How frustrated do you feel right now? Systolic Blood Pressure Diastolic Blood Pressure							
Visual Retention Test Design Number 1 ... Design Number 10						DSGN0134 ... DSGN1034	DSGN0134 ... DSGN1034
Technician Observations Have you observed signs of cognitive impairment? Judgment based on: hygiene or personal care inconsistencies in speech memory problems / lapses problems following directions emotional responses							
Interviewer Identification Number Date of Visit	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34

Cognitive Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Frustration After Visual Test How frustrated do you feel right now? Systolic Blood Pressure Diastolic Blood Pressure				FRUST234 SYS234 DIA234	
Visual Retention Test Design Number 1 ... Design Number 10	DSGN0134 ... DSGN1034	DSGN0134 ... DSGN1034		DSGN0134 ... DSGN1034	
Technician Observations Have you observed signs of cognitive impairment? Judgment based on: hygiene or personal care inconsistencies in speech memory problems / lapses problems following directions emotional responses			IMPAIR34 HYGIEN34 SPEECH34 MEMORY34 DIRECT34 EMOTIO34	IMPAIR34 HYGIEN34 SPEECH34 MEMORY34 DIRECT34 EMOTIO34	
Interviewer Identification Number Date of Visit	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	

Telephone Interview for Cognitive Status (TICS)*
(Record 67)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR67	YEAR67	YEAR67	YEAR67	
Tell me your full name: First name Last name	FNAME67 LNAME67	FNAME67 LNAME67	FNAME67 LNAME67	FNAME67 LNAME67	

What is today=s date?: Month
    Day
    Year
	TMONTH67
	TDAY67
		TMONTH67
		TDAY67
		TYEAR67
			TMONTH67
			TDAY67
			TYEAR67
				TMONTH67
				TDAY67
				TYEAR67	

What is the day of the week? Day (erroneous response)	WKDAY67 WKDERR67	WKDAY67 WKDERR67	WKDAY67 WKDERR67	WKDAY67 WKDERR67	
What season of the year is it? Season (erroneous response)	SEASON67 SEAERR67	SEASON67 SEAERR67	SEASON67 SEAERR67	SEASON67 SEAERR67	

What is your home address?
    House number
    Street
    City
    Zip code
	HOUSNO67
	STREET67
	CITY67
	ZIP67
		HOUSNO67
		STREET67
		CITY67
		ZIP67
			HOUSNO67
			STREET67
			CITY67
			ZIP67
				HOUSNO67
				STREET67
				CITY67
				ZIP67	

Count backwards from 20 to 1	COUNTB67	COUNTB67	COUNTB67	COUNTB67	

Remember 10 words
    Cabin
    Pipe
    Elephant
    Chest
    Silk
    Theater
    Watch
    Whip
    Pillow
    Giant
	CABIN67
	PIPE67
	ELEPH67
	CHEST67
	SILK67
	THEATR67
	WATCH67
	WHIP67
	PILLOW67
	GIANT67
		CABIN67
		PIPE67
		ELEPH67
		CHEST67
		SILK67
		THEATR67
		WATCH67
		WHIP67
		PILLOW67
		GIANT67
			CABIN67
			PIPE67
			ELEPH67
			CHEST67
			SILK67
			THEATR67
			WATCH67
			WHIP67
			PILLOW67
			GIANT67
				CABIN67
				PIPE67
				ELEPH67
				CHEST67
				SILK67
				THEATR67
				WATCH67
				WHIP67
				PILLOW67
				GIANT67	

* Administered for the first time in Year 8, thus no table for Baseline-Year 7 is included.

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Subtraction:
100-7
   Response
93-7
   Response
86-7
   Response
79-7
   Response
72-7
   Response
	SUB167
	SUB1RE67
	SUB267
	SUB2RE67
	SUB367
	SUB3RE67
	SUB467
	SUB4RE67
	SUB567
	SUB5RE67
		SUB167
		SUB1RE67
		SUB267
		SUB2RE67
		SUB367
		SUB3RE67
		SUB467
		SUB4RE67
		SUB567
		SUB5RE67
			SUB167
			SUB1RE67
			SUB267
			SUB2RE67
			SUB367
			SUB3RE67
			SUB467
			SUB4RE67
			SUB567
			SUB5RE67
				SUB167
				SUB1RE67
				SUB267
				SUB2RE67
				SUB367
				SUB3RE67
				SUB467
				SUB4RE67
				SUB567
				SUB5RE67	

What do people use to cut paper?	PAPCUT67	PAPCUT67	PAPCUT67	PAPCUT67	
How many in a dozen?	DOZEN67	DOZEN67	DOZEN67	DOZEN67	
Prickly green plant from in the desert?	CACTUS67	CACTUS67	CACTUS67	CACTUS67	
What animal does wool come from?	WOOLAN67	WOOLAN67	WOOLAN67	WOOLAN67	

Say: No if=s
   And=s
   Or but=s
	NOIFS67
	ANDS67
	ORBUTS67
		NOIFS67
		ANDS67
		ORBUTS67
			NOIFS67
			ANDS67
			ORBUTS67
				NOIFS67
				ANDS67
				ORBUTS67	

Say "Methodist Episcopal"	METHEP67	METHEP67	METHEP67	METHEP67	
Who is President of the U.S.? Who is Vice President of the U.S.?	PRESID67 VPRES67	PRESID67 VPRES67	PRESID67 VPRES67	PRESID67 VPRES67	
Tap five times on phone receiver	FTAPS67	FTAPS67	FTAPS67	FTAPS67	
What is opposite of >west=? What is opposite of >generous=?	OPPOS167 OPPOS267	OPPOS167 OPPOS267	OPPOS167 OPPOS267	OPPOS167 OPPOS267	
Any special problems noted?			PROBS67	PROBS67	
Interviewer ID Date	INTID67 INTDAT67	INTID67 INTDAT67	INTID67 INTDAT67	INTID67 INTDAT67	

Informant Questionnaire on Cognitive Decline (IQCODE)*

Informant Questionnaire on Cognitive Decline (IQCODE)*
(Record 68)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR68	YEAR68	YEAR68	YEAR68	
Compared with 10 years ago, how is the person at:					
Recognizing faces of friends Remember names of family and friends Remember things about family (e.g. occupation, birthday, address)	FACES68 NAMES68 FAMTHG68	FACES68 NAMES68 FAMTHG68	FACES68 NAMES68 FAMTHG68	FACES68 NAMES68 FAMTHG68	
Remember recent things Recalling conversations few days later	RECENT68 CONVER68	RECENT68 CONVER68	RECENT68 CONVER68	RECENT68 CONVER68	
Forget things in middle of conversation	MIDCON68	MIDCON68	MIDCON68	MIDCON68	
Remember own address and phone #	ADRPHN68	ADRPHN68	ADRPHN68	ADRPHN68	
Remember current day and month	DAYMON68	DAYMON68	DAYMON68	DAYMON68	
Remember where things are kept	WHERE68	WHERE68	WHERE68	WHERE68	
Remember where to find things put in different place	FIND68	FIND68	FIND68	FIND68	
Adjusting to changes in daily routing	CHANGE68	CHANGE68	CHANGE68	CHANGE68	
Know how to work familiar machines	FAMMAC68	FAMMAC68	FAMMAC68	FAMMAC68	
Learn to work new machine	NEWMAC68	NEWMAC68	NEWMAC68	NEWMAC68	
Learn new things in general	NEWTHG68	NEWTHG68	NEWTHG68	NEWTHG68	
Remember things that happened in youth	HAPPEN68	HAPPEN68	HAPPEN68	HAPPEN68	

- Administered for the first time in Year 8, thus no table for Baseline-Year 7 is included.

Informant Interview on Cognitive Decline (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Remember things learned in youth	LEARND68	LEARND68	LEARND68	LEARND68	
Understand meaning of unusual words	WORDS68	WORDS68	WORDS68	WORDS68	
Understanding magazine/newspaper articles	ARTICL68	ARTICL68	ARTICL68	ARTICL68	
Following story in book or on TV	STORY68	STORY68	STORY68	STORY68	
Compose letter for friends or business	LETTER68	LETTER68	LETTER68	LETTER68	
Know important historical events	HISTRY68	HISTRY68	HISTRY68	HISTRY68	
Make decisions about everyday matters	DECISN68	DECISN68	DECISN68	DECISN68	
Handle money for shopping	MONEY68	MONEY68	MONEY68	MONEY68	
Handling financial matters	FINANC68	FINANC68	FINANC68	FINANC68	
Handle everyday arithmetic problems	ARITH68	ARITH68	ARITH68	ARITH68	
Use intelligence to understand/ reason	INTELL68	INTELL68	INTELL68	INTELL68	
Administered because of death			DEATH68	DEATH68	
Any special problems encountered			PROBS68	PROBS68	
Interviewer ID Interview Date	INTID68 INTDAT68	INTID68 INTDAT68	INTID68 INTDAT68	INTID68 INTDAT68	

Calculated Variables

COGNITIVE VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Cognitive function category	COG*						
TICS Summary Score							
IQCode Summary Score							

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Cognitive function category					
TICS Summary Score	TICS	TICS	TICS	TICS	
IQCode Summary Score	IQCODE	IQCODE	IQCODE	IQCODE	

*The cognitive function categories are based on the 30-point Mini-Mental Score at baseline: COG=1 if Normal, defined by score   27; COG=2 if Mild Impairment, defined by score 24-26; COG=3 if Moderate Impairment, defined by score 18-23; COG=4 if Severe Impairment, defined by score 0-17.

Trails A & B Form**
(Record 80)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable				YEAR80	
Test Completed?				TSTDNE80	
Reason test incomplete or not done Specify other reason				WHYNOT80 OTHSPC80	

Trailmaking Part A
    Time (sec)
    Number of Errors
    Number of points connected
				TIMEA80
				ERRA80
				PTSCA80	

Trailmaking Part B
    Time (sec)
    Number of Errors
    Number of points connected
				TIMEB80
				ERRB80
				PTSCB80	

Interviewer identification number Date of Visit				INTID80 DATE80	

** Trailmaking was not assessed before Year 11, so no table is shown for Baseline - Year 7.

Physical Activity Form
(Record 04)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date of Key Entry	KDATE04			KDATE04	KDATE04		
PHYSICAL ACTIVITIES DONE IN THE PAST TWO WEEKS							
Walking for exercise How often? Average time spent per session? How many months per year?	WALK04 WALKFR04 WALKTM04 WALKMO04			WALK04 WALKFR04 WALKTM04 WALKMO04	WALK04 WALKFR04 WALKTM04 WALKMO04		
Moderately strenuous household chores How often? Average time spent per session? How many months per year?	CHOR04 CHORFR04 CHORTM04 CHORMO04			CHOR04 CHORFR04 CHORTM04 CHORMO04	CHOR04 CHORFR04 CHORTM04 CHORMO04		
Mowing the lawn How often? Average time spent per session? How many months per year?	MOW04 MOWFR04 MOWTM04 MOWMO04			MOW04 MOWFR04 MOWTM04 MOWMO04	MOW04 MOWFR04 MOWTM04 MOWMO04		
Raking the lawn How often? Average time spent per session? How many months per year?	RAKE04 RAKEFR04 RAKETM04 RAKEMO04			RAKE04 RAKEFR04 RAKETM04 RAKEMO04	RAKE04 RAKEFR04 RAKETM04 RAKEMO04		
Gardening How often? Average time spent per session? How many months per year?	GRDN04 GRDNFR04 GRDNTM04 GRDNMO04			GRDN04 GRDNFR04 GRDNTM04 GRDNMO04	GRDN04 GRDNFR04 GRDNTM04 GRDNMO04		

Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date of Key Entry		KDATE04			
PHYSICAL ACTIVITIES DONE IN THE PAST TWO WEEKS					
Walking for exercise How often? Average time spent per session? How many months per year?		WALK04 WALKFR04 WALKTM04 WALKMO04			
Moderately strenuous household chores How often? Average time spent per session? How many months per year?		CHOR04 CHORFR04 CHORTM04 CHORMO04			
Mowing the lawn How often? Average time spent per session? How many months per year?		MOW04 MOWFR04 MOWTM04 MOWMO04			
Raking the lawn How often? Average time spent per session? How many months per year?		RAKE04 RAKEFR04 RAKETM04 RAKEMO04			
Gardening How often? Average time spent per session? How many months per year?		GRDN04 GRDNFR04 GRDNTM04 GRDNMO04			

Physical Activity Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Hiking How often? Average time spent per session? How many months per year?	HIKE04 HIKEFR04 HIKETM04 HIKEMO04			HIKE04 HIKEFR04 HIKETM04 HIKEMO04	HIKE04 HIKEFR04 HIKETM04 HIKEMO04		
Jogging How often? Average time spent per session? How many months per year?	JOG04 JOGFR04 JOGTM04 JOGMO04			JOG04 JOGFR04 JOGTM04 JOGMO04	JOG04 JOGFR04 JOGTM04 JOGMO04		
Biking How often? Average time spent per session? How many months per year?	BIKE04 BIKEFR04 BIKETM04 BIKEMO04			BIKE04 BIKEFR04 BIKETM04 BIKEMO04	BIKE04 BIKEFR04 BIKETM04 BIKEMO04		
Exercise cycle How often? Average time spent per session? How many months per year?	EXCY04 EXCYFR04 EXCYTM04 EXCYMO04			EXCY04 EXCYFR04 EXCYTM04 EXCYMO04	EXCY04 EXCYFR04 EXCYTM04 EXCYMO04		
Dancing How often? Average time spent per session? How many months per year?	DANC04 DANCFR04 DANCTM04 DANCMO04			DANC04 DANCFR04 DANCTM04 DANCMO04	DANC04 DANCFR04 DANCTM04 DANCMO04		
Aerobics/aerobic dance How often? Average time spent per session? How many months per year?	AERO04 AEROFR04 AEROTM04 AEROMO04			AERO04 AEROFR04 AEROTM04 AEROMO04	AERO04 AEROFR04 AEROTM04 AEROMO04		
Bowling How often? Average time spent per session? How many months per year?	BOWL04 BOWLFR04 BOWLTM04 BOWLMO04			BOWL04 BOWLFR04 BOWLTM04 BOWLMO04	BOWL04 BOWLFR04 BOWLTM04 BOWLMO04		

Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Hiking How often? Average time spent per session? How many months per year?		HIKE04 HIKEFR04 HIKETM04 HIKEMO04			
Jogging How often? Average time spent per session? How many months per year?		JOG04 JOGFR04 JOGTM04 JOGMO04			
Biking How often? Average time spent per session? How many months per year?		BIKE04 BIKEFR04 BIKETM04 BIKEMO04			
Exercise cycle How often? Average time spent per session? How many months per year?		EXCY04 EXCYFR04 EXCYTM04 EXCYMO04			
Dancing How often? Average time spent per session? How many months per year?		DANC04 DANCFR04 DANCTM04 DANCMO04			
Aerobics/aerobic dance How often? Average time spent per session? How many months per year?		AERO04 AEROFR04 AEROTM04 AEROMO04			
Bowling How often? Average time spent per session? How many months per year?		BOWL04 BOWLFR04 BOWLTM04 BOWLMO04			

Physical Activity Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Golf How often? Average time spent per session? How many months per year?	GOLF04 GOLFFR04 GOLFTM04 GOLFMO04			GOLF04 GOLFFR04 GOLFTM04 GOLFMO04	GOLF04 GOLFFR04 GOLFTM04 GOLFMO04		
Singles tennis How often? Average time spent per session? How many months per year?	TENN04 TENNFR04 TENNTM04 TENNMO04						
Doubles tennis How often? Average time spent per session? How many months per year?	TNNS04 TNNSFR04 TNNSTM04 TNNSMO04						
Racquetball How often? Average time spent per session? How many months per year?	RBAL04 RBALFR04 RBALTM04 RBALMO04						
Calisthenics/general exercise How often? Average time spent per session? How many months per year?	EXER04 EXERFR04 EXERTM04 EXERMO04			EXER04 EXERFR04 EXERTM04 EXERMO04	EXER04 EXERFR04 EXERTM04 EXERMO04		
Swimming How often? Average time spent per session? How many months per year?	SWIM04 SWIMFR04 SWIMTM04 SWIMMO04			SWIM04 SWIMFR04 SWIMTM04 SWIMMO04	SWIM04 SWIMFR04 SWIMTM04 SWIMMO04		
Other activity Activity Name How often? Average time spent per session? How many months per year?	OTH104 NAME104 OTH1FR04 OTH1TM04 OTH1MO04			OTH104 NAME104 OTH1FR04 OTH1TM04 OTH1MO04	OTH104 NAME104 OTH1FR04 OTH1TM04 OTH1MO04		

Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Golf How often? Average time spent per session? How many months per year?		GOLF04 GOLFFR04 GOLFTM04 GOLFMO04			
Singles tennis How often? Average time spent per session? How many months per year?					
Doubles tennis How often? Average time spent per session? How many months per year?					
Racquetball How often? Average time spent per session? How many months per year?					
Calisthenics/general exercise How often? Average time spent per session? How many months per year?		EXER04 EXERFR04 EXERTM04 EXERMO04			
Swimming How often? Average time spent per session? How many months per year?		SWIM04 SWIMFR04 SWIMTM04 SWIMMO04			
Other activity Activity Name How often? Average time spent per session? How many months per year?		OTH104 NAME104 OTH1FR04 OTH1TM04 OTH1MO04			

Physical Activity Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Other activity Activity Name How often? Average time spent per session? How many months per year?	OTH204 NAME204 OTH2FR04 OTH2TM04 OTH2MO04			OTH204 NAME204 OTH2FR04 OTH2TM04 OTH2MO04	OTH204 NAME204 OTH2FR04 OTH2TM04 OTH2MO04		
How many city blocks or equivalent walked in last week? How many city blocks or miles walked in last week? Blocks or miles?	BLOCK04	BLOCK38	BLOCK39	BLOCK04 BLMILE04	BLOCK04 BLMILE04	BLOCK59 BLMILE59	BLOCK59 BLMILE59
What is your usual walking pace?	PACE04	PACE38	PACE39	PACE04	PACE04	PACE59	PACE59
How many flights of stairs climbed in last week?	FLIGHT04		STAIR39	FLIGHT04	FLIGHT04	FLIGHT59	FLIGHT59
Level of activity since last year?	ACTLEV04	LEVEL38	LEVEL39	ACTLEV04	ACTLEV04	ACTLEV59	ACTLEV59
How many hours spent sleeping during the day in 24 hours?							
How many hours spent sleeping during the night in 24 hours?							
How many hours spent seated or lying down in 24 hours?	SEAT04		LIE39	SEAT04	SEAT04	SEAT59	SEAT59
How many hours spent seated or lying down in 24 hours, excluding sleep?							
Prior to age 65, describe the level of physical activity compared to others your same age and sex?	ACTIV104				ACTIV104		

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Other activity Activity Name How often? Average time spent per session? How many months per year? How many city blocks or equivalent walked in last week? How many city blocks or miles walked in last week? Blocks or miles?	BLOCK59 BLMILE59	OTH204 NAME204 OTH2FR04 OTH2TM04 OTH2MO04 BLOCK04 BLMILE04	BLOCK59 BLMILE59	BLOCK59 BLMILE59	
What is your usual walking pace?	PACE59	PACE04	PACE59	PACE59	
How many flights of stairs climbed in last week?		FLIGHT04	FLIGHT59	FLIGHT59	
Level of activity since last year?		ACTLEV04	ACTLEV59	ACTLEV59	
How many hours spent sleeping during the day in 24 hours?		SLPDAY04	SLDAY59	SLDAY59	
How many hours spent sleeping during the night in 24 hours?		SLPNGT04	SLNITE59	SLNITE59	
How many hours spent seated or lying down in 24 hours?	SEAT59		SEAT59	SEAT59	
How many hours spent seated or lying down in 24 hours, excluding sleep?		LYING04			
Prior to age 65, describe the level of physical activity compared to others your same age and sex?					

Physical Activity Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Since age 65, describe the level of physical activity compared to your prior adult life?	ACTIV204				ACTIV204		
Since age 65, have these activities decreased, increased, not changed, or are not applicable. Walking briskly Gardening Household chores	WLKCHN04 GDNCHN04 CHRCHN04				WLKCHN04 GDNCHN04 CHRCHN04		
Another activity changed since age 65? Decreased, increased or not changed?	OTHER304 CHN304				OTHER304 CHN304		
Another activity changed since age 65? Decreased, increased or not changed?	OTHER404 CHN404				OTHER404 CHN404		
Interviewer identification number	INTID04	INTID38	INTID39	INTID04	INTID04	INTID59	INTID59
Date of visit	DATE04	INTDAT38	INTDAT39	DATE04	DATE04	INTDAT59	INTDAT59

(Other physical activity/functioning questions were asked on the Year 11 Medical History form. See the Duke Activity Status Index section.)

Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Since age 65, describe the level of physical activity compared to your prior adult life?					
Since age 65, have these activities decreased, increased, not changed, or are not applicable. Walking briskly Gardening Household chores					
Another activity changed since age 65? Decreased, increased or not changed?					
Another activity changed since age 65? Decreased, increased or not changed?					
Interviewer identification number	INTID59	INTID04	INTID59	INTID59	
Date of visit	INTDAT59	DATE04	INTDAT59	INTDAT59	

(Other physical activity/functioning questions were asked on the Year 11 Medical History form. See the Duke Activity Status Index section.)

Calculated Variables

PHYSICAL ACT. VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Blocks walked per week	(BLOCK04)	(BLOCK38)	(BLOCK39)	BLOCKS	BLOCKS	BLOCKS	BLOCKS
Exercise intensity	EXINTENS*			EXINTEN*	EXINTEN*		
Total Kcals phys activity	KCAL**			KCAL**	KCAL**		
Total Kcals-no chores	KCAL2***			KCAL2***	KCAL2***		

PHYSICAL ACT. VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Blocks walked per week	BLOCKS	BLOCKS	BLOCKS	BLOCKS	
Exercise intensity		EXINTEN			
Total Kcals phys activity		KCAL			
Total Kcals-no chores		KCAL2			

*EXINTEN is a categorical exercise intensity variable, calculated from the physical activities listed in Question #1 of Record 04. Participants who engaged in one or more of six high-intensity activities, including swimming, hiking, aerobics, tennis, jogging, or racquetball, or who walked for exercise at at a brisk (>4mph (6.4 kmph)) pace were categorized as having engaged in high-intensity activity (EXINTEN=3). Participants who engaged in one or more of nine light- or moderate-intensity activities including gardening, mowing, raking, golf, bowling, biking, dancing, calisthenics, or exercise cycle, or who walked for exercise at an average pace (>2-3 mph (>3.2-4.8 kmph)) were categorized as havng engaged in moderate-intensity activity (EXINTEN=2). Participants who walked for exercise at a casual or strolling pace (<2 mph (<3.2 kmph)) were categorized as having engaged in low-intesity activity (EXINTEN=1). Participants who did not report participating in any of the 15 leisure-time activities were categorized with EXINTEN=0 (no exercise). The following reference describes exercise intensity in detail:
Siscovick DS, Fried L, Mittelmark M, Rutan G, Bild D, O'Leary DH. Exercise Intensity and Subclinical Cardiovascular Disease in the Elderly. The Cardiovascular Health Study. American Journal of Epidemiology 1997; Vol. 145, No.11:977-986.

**Kilocalories expended in all physical activities listed in Question #1 of Record 04. The Year 5 KCAL variable is not directly comparable to the baseline KCAL variable, which included questions on tennis and racketball that were not included at Year 5.

***Kilocalories expended in physical activities as above, but excluding household chores.

Physical Functioning Form
(Record 09)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE09	DATE09	DATE09	DATE09	DATE09	YEAR09	YEAR09
Do you have difficulty...							
walking one-half a mile*	WHMILE09	WHMILE09	WHMILE09	WHMILE09	WHMILE09	WHMILE09	WHMILE09
how much difficulty	WHMDIF09	WHMDIF09	WHMDIF09	WHMDIF09	WHMDIF09	WHMDIF09	WHMDIF09
how long have you had difficulty	WHMTIM09	WHMTIM09			WHMTIM09		
what is the main symptom	WHMSYM09	WHMSYM09	WHMSYM09	WHMSYM09	WHMSYM09	WHMSYM09	WHMSYM09
what is the main condition	WHMDIS09	WHMDIS09	WHMDIS09	WHMDIS09	WHMDIS09	WHMDIS09	WHMDIS09
		WHOME09	WHOME09	WHOME09	WHOME09	WHOME09	WHOME09
walking around your home	WHOME09						
how much difficulty	WHODIF09	WHODIF09	WHODIF09	WHODIF09	WHODIF09	WHODIF09	WHODIF09
how long have you had difficulty	WHOTIM09	WHOTIM09			WHOTIM09		
what is the main symptom	WHOSYM09	WHOSYM09	WHOSYM09	WHOSYM09	WHOSYM09	WHOSYM09	WHOSYM09
what is the main condition	WHODIS09	WHODIS09	WHODIS09	WHODIS09	WHODIS09	WHODIS09	WHODIS09
getting out of bed or a chair	BED09	BED09	BED09	BED09	BED09	BED09	BED09
how much difficulty	BEDDIF09	BEDDIF09	BEDDIF09	BEDDIF09	BEDDIF09	BEDDIF09	BEDDIF09
how long have you had difficulty	BEDTIM09	BEDTIM09			BEDTIM09		
what is the main symptom	BEDSYM09	BEDSYM09	BEDSYM09	BEDSYM09	BEDSYM09	BEDSYM09	BEDSYM09
what is the main condition	BEDDIS09	BEDDIS09	BEDDIS09	BEDDIS09	BEDDIS09	BEDDIS09	BEDDIS09
walking up 10 steps*	STEPS09	STEPS09	STEPS09	STEPS09	STEPS09	STEPS09	STEPS09
how much difficulty	STPDIF09	STPDIF09	STPDIF09	STPDIF09	STPDIF09	STPDIF09	STPDIF09
how long have you had difficulty	STPTIM09	STPTIM09			STPTIM09		
what is the main symptom	STPSYM09	STPSYM09	STPSYM09	STPSYM09	STPSYM09	STPSYM09	STPSYM09
what is the main condition	STPDIS09	STPDIS09	STPDIS09	STPDIS09	STPDIS09	STPDIS09	STPDIS09

* Similar questions were asked in the Six-Month Follow-up Forms (Rec 31&32)

Physical Functioning Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR09	YEAR09	YEAR09	YEAR09	
Do you have difficulty...					
walking one-half a mile*	WHMILE09	WHMILE09	WHMILE09	WHMILE09	
how much difficulty	WHMDIF09	WHMDIF09	WHMDIF09	WHMDIF09	
how long have you had difficulty					
what is the main symptom	WHMSYM09	WHMSYM09	WHMSYM09	WHMSYM09	
what is the main condition	WHMDIS09	WHMDIS09	WHMDIS09	WHMDIS09	
walking around your home	WHOME09	WHOME09	WHOME09	WHOME09	
how much difficulty	WHODIF09	WHODIF09	WHODIF09	WHODIF09	
how long have you had difficulty					
what is the main symptom	WHOSYM09	WHOSYM09	WHOSYM09	WHOSYM09	
what is the main condition	WHODIS09	WHODIS09	WHODIS09	WHODIS09	
getting out of bed or a chair	BED09	BED09	BED09	BED09	
how much difficulty	BEDDIF09	BEDDIF09	BEDDIF09	BEDDIF09	
how long have you had difficulty					
what is the main symptom	BEDSYM09	BEDSYM09	BEDSYM09	BEDSYM09	
what is the main condition	BEDDIS09	BEDDIS09	BEDDIS09	BEDDIS09	
walking up 10 steps*	STEPS09	STEPS09	STEPS09	STEPS09	
how much difficulty	STPDIF09	STPDIF09	STPDIF09	STPDIF09	
how long have you had difficulty					
what is the main symptom	STPSYM09	STPSYM09	STPSYM09	STPSYM09	
what is the main condition	STPDIS09	STPDIS09	STPDIS09	STPDIS09	

* Similar questions were asked in the Six-Month Follow-up Forms (Rec 31&32)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Do you have difficulty or are unable...							
to do heavy housework*	HHWORK09	HHWORK09	HHWORK09	HHWORK09	HHWORK09	HHWORK09	HHWORK09
how much difficulty	HHWDIF09	HHWDIF09	HHWDIF09	HHWDIF09	HHWDIF09	HHWDIF09	HHWDIF09
how long have you had difficulty	HHWTIM09	HHWTIM09			HHWTIM09		
what is the main symptom	HHWSYM09	HHWSYM09	HHWSYM09	HHWSYM09	HHWSYM09	HHWSYM09	HHWSYM09
what is the main condition	HHWDIS09	HHWDIS09	HHWDIS09	HHWDIS09	HHWDIS09	HHWDIS09	HHWDIS09
to do light housework	LHWORK09	LHWORK09	LHWORK09	LHWORK09	LHWORK09	LHWORK09	LHWORK09
how much difficulty	LHWDIF09	LHWDIF09	LHWDIF09	LHWDIF09	LHWDIF09	LHWDIF09	LHWDIF09
how long have you had difficulty	LHWTIM09	LHWTIM09			LHWTIM09		
what is the main symptom	LHWSYM09	LHWSYM09	LHWSYM09	LHWSYM09	LHWSYM09	LHWSYM09	LHWSYM09
what is the main condition	LHWDIS09	LHWDIS09	LHWDIS09	LHWDIS09	LHWDIS09	LHWDIS09	LHWDIS09
to do shopping for personal items	SHOP09	SHOP09	SHOP09	SHOP09	SHOP09	SHOP09	SHOP09
how much difficulty	SHPDIF09	SHPDIF09	SHPDIF09	SHPDIF09	SHPDIF09	SHPDIF09	SHPDIF09
how long have you had difficulty	SHPTIM09	SHPTIM09			SHPDIF09		
what is the main symptom	SHPSYM09	SHPSYM09	SHPSYM09	SHPSYM09	SHPSYM09	SHPSYM09	SHPSYM09
what is the main condition	SHPDIS09	SHPDIS09	SHPDIS09	SHPDIS09	SHPDIS09	SHPDIS09	SHPDIS09
to prepare your own meals	PREPAR09	PREPAR09	PREPAR09	PREPAR09	PREPAR09	PREPAR09	PREPAR09
how much difficulty	PRPDIF09	PRPDIF09	PRPDIF09	PRPDIF09	PRPDIF09	PRPDIF09	PRPDIF09
how long have you had difficulty	PRPTIM09	PRPTIM09			PRPTIM09		
what is the main symptom	PRPSYM09	PRPSYM09	PRPSYM09	PRPSYM09	PRPSYM09	PRPSYM09	PRPSYM09
what is the main condition	PRPDIS09	PRPDIS09	PRPDIS09	PRPDIS09	PRPDIS09	PRPDIS09	PRPDIS09
to manage your money	PAY09	PAY09	PAY09	PAY09	PAY09	PAY09	PAY09
how much difficulty	PAYDIF09	PAYDIF09	PAYDIF09	PAYDIF09	PAYDIF09	PAYDIF09	PAYDIF09
how long have you had difficulty	PAYTIM09	PAYTIM09			PAYTIM09		
what is the main symptom	PAYSYM09	PAYSYM09	PAYSYM09	PAYSYM09	PAYSYM09	PAYSYM09	PAYSYM09
what is the main condition	PAYDIS09	PAYDIS09	PAYDIS09	PAYDIS09	PAYDIS09	PAYDIS09	PAYDIS09

* Similar questions were asked in the Six-Month Follow-up Forms (Rec 31&32)

Physical Functioning Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Do you have difficulty or are unable...					
to do heavy housework*	HHWORK09	HHWORK09	HHWORK09	HHWORK09	
how much difficulty	HHWDIF09	HHWDIF09	HHWDIF09	HHWDIF09	
how long have you had difficulty					
what is the main symptom	HHWSYM09	HHWSYM09	HHWSYM09	HHWSYM09	
what is the main condition	HHWDIS09	HHWDIS09	HHWDIS09	HHWDIS09	
to do light housework	LHWORK09	LHWORK09	LHWORK09	LHWORK09	
how much difficulty	LHWDIF09	LHWDIF09	LHWDIF09	LHWDIF09	
how long have you had difficulty					
what is the main symptom	LHWSYM09	LHWSYM09	LHWSYM09	LHWSYM09	
what is the main condition	LHWDIS09	LHWDIS09	LHWDIS09	LHWDIS09	
to do shopping for personal items	SHOP09	SHOP09	SHOP09	SHOP09	
how much difficulty	SHPDIF09	SHPDIF09	SHPDIF09	SHPDIF09	
how long have you had difficulty					
what is the main symptom	SHPSYM09	SHPSYM09	SHPSYM09	SHPSYM09	
what is the main condition	SHPDIS09	SHPDIS09	SHPDIS09	SHPDIS09	
to prepare your own meals	PREPAR09	PREPAR09	PREPAR09	PREPAR09	
how much difficulty	PRPDIF09	PRPDIF09	PRPDIF09	PRPDIF09	
how long have you had difficulty					
what is the main symptom	PRPSYM09	PRPSYM09	PRPSYM09	PRPSYM09	
what is the main condition	PRPDIS09	PRPDIS09	PRPDIS09	PRPDIS09	
to manage your money	PAY09	PAY09	PAY09	PAY09	
how much difficulty	PAYDIF09	PAYDIF09	PAYDIF09	PAYDIF09	
how long have you had difficulty					
what is the main symptom	PAYSYM09	PAYSYM09	PAYSYM09	PAYSYM09	
what is the main condition	PAYDIS09	PAYDIS09	PAYDIS09	PAYDIS09	

* Similar questions were asked in the Six-Month Follow-up Forms (Rec 31&32)

Physical Functioning Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Do you have difficulty or are unable...							
to use the telephone	PHONE09	PHONE09	PHONE09	PHONE09	PHONE09	PHONE09	PHONE09
how much difficulty	PHNDIF09	PHNDIF09	PHNDIF09	PHNDIF09	PHNDIF09	PHNDIF09	PHNDIF09
how long have you had difficulty	PHNTIM09	PHNTIM09			PHNTIM09		
what is the main symptom	PHNSYM09	PHNSYM09	PHNSYM09	PHNSYM09	PHNSYM09	PHNSYM09	PHNSYM09
what is the main condition	PHNDIS09	PHNDIS09	PHNDIS09	PHNDIS09	PHNDIS09	PHNDIS09	PHNDIS09
to eat including feeding yourself	EAT09	EAT09	EAT09	EAT09	EAT09	EAT09	EAT09
how much difficulty	EATDIF09	EATDIF09	EATDIF09	EATDIF09	EATDIF09	EATDIF09	EATDIF09
how long have you had difficulty	EATTIM09	EATTIM09			EATTIM09		
what is the main symptom	EATSYM09	EATSYM09	EATSYM09	EATSYM09	EATSYM09	EATSYM09	EATSYM09
what is the main condition	EATDIS09	EATDIS09	EATDIS09	EATDIS09	EATDIS09	EATDIS09	EATDIS09
to dress yourself	DRESS09	DRESS09	DRESS09	DRESS09	DRESS09	DRESS09	DRESS09
how much difficulty	DRSDIF09	DRSDIF09	DRSDIF09	DRSDIF09	DRSDIF09	DRSDIF09	DRSDIF09
how long have you had difficulty	DRSTIM09	DRSTIM09			DRSTIM09		
what is the main symptom	DRSSYM09	DRSSYM09	DRSSYM09	DRSSYM09	DRSSYM09	DRSSYM09	DRSSYM09
what is the main condition	DRSDIS09	DRSDIS09	DRSDIS09	DRSDIS09	DRSDIS09	DRSDIS09	DRSDIS09
to bathe or shower	BATHE09	BATHE09	BATHE09	BATHE09	BATHE09	BATHE09	BATHE09
how much difficulty	BTHDIF09	BTHDIF09	BTHDIF09	BTHDIF09	BTHDIF09	BTHDIF09	BTHDIF09
how long have you had difficulty	BTHTIM09	BTHTIM09			BTHTIM09		
what is the main symptom	BTHSYM09	BTHSYM09	BTHSYM09	BTHSYM09	BTHSYM09	BTHSYM09	BTHSYM09
what is the main condition	BTHDIS09	BTHDIS09	BTHDIS09	BTHDIS09	BTHDIS09	BTHDIS09	BTHDIS09
to use the toilet	TOILET09	TOILET09	TOILET09	TOILET09	TOILET09	TOILET09	TOILET09
how much difficulty	TLTDIF09	TLTDIF09	TLTDIF09	TLTDIF09	TLTDIF09	TLTDIF09	TLTDIF09
how long have you had difficulty	TLTTIM09	TLTTIM09			TLTTIM09		
what is the main symptom	TLTSYM09	TLTSYM09	TLTSYM09	TLTSYM09	TLTSYM09	TLTSYM09	TLTSYM09
what is the main condition	TLTDIS09	TLTDIS09	TLTDIS09	TLTDIS09	TLTDIS09	TLTDIS09	TLTDIS09

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Do you have difficulty or are unable...					
to use the telephone	PHONE09	PHONE09	PHONE09	PHONE09	
how much difficulty	PHNDIF09	PHNDIF09	PHNDIF09	PHNDIF09	
how long have you had difficulty					
what is the main symptom	PHNSYM09	PHNSYM09	PHNSYM09	PHNSYM09	
what is the main condition	PHNDIS09	PHNDIS09	PHNDIS09	PHNDIS09	
to eat including feeding yourself	EAT09	EAT09	EAT09	EAT09	
how much difficulty	EATDIF09	EATDIF09	EATDIF09	EATDIF09	
how long have you had difficulty					
what is the main symptom	EATSYM09	EATSYM09	EATSYM09	EATSYM09	
what is the main condition	EATDIS09	EATDIS09	EATDIS09	EATDIS09	
to dress yourself	DRESS09	DRESS09	DRESS09	DRESS09	
how much difficulty	DRSDIF09	DRSDIF09	DRSDIF09	DRSDIF09	
how long have you had difficulty					
what is the main symptom	DRSSYM09	DRSSYM09	DRSSYM09	DRSSYM09	
what is the main condition	DRSDIS09	DRSDIS09	DRSDIS09	DRSDIS09	
to bathe or shower	BATHE09	BATHE09	BATHE09	BATHE09	
how much difficulty	BTHDIF09	BTHDIF09	BTHDIF09	BTHDIF09	
how long have you had difficulty					
what is the main symptom	BTHSYM09	BTHSYM09	BTHSYM09	BTHSYM09	
what is the main condition	BTHDIS09	BTHDIS09	BTHDIS09	BTHDIS09	
to use the toilet	TOILET09	TOILET09	TOILET09	TOILET09	
how much difficulty	TLTDIF09	TLTDIF09	TLTDIF09	TLTDIF09	
how long have you had difficulty					
what is the main symptom	TLTSYM09	TLTSYM09	TLTSYM09	TLTSYM09	
what is the main condition	TLTDIS09	TLTDIS09	TLTDIS09	TLTDIS09	

Physical Functioning Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Do you have any difficulty...							
lifting or carrying something heavy	LIFTNG09	LIFTNG09	LIFTNG09	LIFTNG09	LIFTNG09	LIFTNG09	LIFTNG09
how much difficulty	LFTDIF09	LFTDIF09	LFTDIF09	LFTDIF09	LFTDIF09	LFTDIF09	LFTDIF09
how long have you had difficulty	LFTTIM09	LFTTIM09			LFTTIM09		
which extremity causes the problem	LFTEXT09	LFTEXT09	LFTEXT09	LFTEXT09	LFTEXT09	LFTEXT09	LFTEXT09
what causes the difficulty	LFTSYM09	LFTSYM09	LFTSYM09	LFTSYM09	LFTSYM09	LFTSYM09	LFTSYM09
what is the main condition	LFTDIS09	LFTDIS09	LFTDIS09	LFTDIS09	LFTDIS09	LFTDIS09	LFTDIS09
reaching out	REACH09	REACH09	REACH09	REACH09	REACH09	REACH09	REACH09
how much difficulty	RCHDIF09	RCHDIF09	RCHDIF09	RCHDIF09	RCHDIF09	RCHDIF09	RCHDIF09
how long have you had difficulty	RCHTIM09	RCHTIM09			RCHTIM09		
which extremity causes the problem	RCHEXT09	RCHEXT09	RCHEXT09	RCHEXT09	RCHEXT09	RCHEXT09	RCHEXT09
what causes the difficulty	RCHSYM09	RCHSYM09	RCHSYM09	RCHSYM09	RCHSYM09	RCHSYM09	RCHSYM09
what is the main condition	RCHDIS09	RCHDIS09	RCHDIS09	RCHDIS09	RCHDIS09	RCHDIS09	RCHDIS09
gripping with your hands	GRIPNG09	GRIPNG09	GRIPNG09	GRIPNG09	GRIPNG09	GRIPNG09	GRIPNG09
how much difficulty	GRPDIF09	GRPDIF09	GRPDIF09	GRPDIF09	GRPDIF09	GRPDIF09	GRPDIF09
how long have you had difficulty	GRPTIM09	GRPTIM09			GRPTIM09		
which extremity causes the problem	GRPEXT09	GRPEXT09	GRPEXT09	GRPEXT09	GRPEXT09	GRPEXT09	GRPEXT09
what causes the difficulty	GRPSYM09	GRPSYM09	GRPSYM09	GRPSYM09	GRPSYM09	GRPSYM09	GRPSYM09
what is the main condition	GRPDIS09	GRPDIS09	GRPDIS09	GRPDIS09	GRPDIS09	GRPDIS09	GRPDIS09
Were there any other symptoms or conditions?				OTHSYM09	OTHSYM09	OTHSYM09	OTHSYM09
record other symptoms				SYMPT109	SYMPT109	SYMPT109	SYMPT109
record other conditions/diseases				SYMPT209	SYMPT209	SYMPT209	SYMPT209
Interviewer Identification Number	INTID09	INTID09	INTID09	INTID09	INTID09	INTID09	INTID09
Interview Date	INTDAT09	INTDAT09	INTDAT09	INTDAT09	INTDAT09	INTDAT09	INTDAT09

(Other physical activity/functioning questions were asked on the Year 11 Medical History form. See the Duke Activity Status Index section.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Do you have any difficulty...					
lifting or carrying something heavy	LIFTNG09	LIFTNG09	LIFTNG09	LIFTNG09	
how much difficulty	LFTDIF09	LFTDIF09	LFTDIF09	LFTDIF09	
how long have you had difficulty					
which extremity causes the problem	LFTEXT09	LFTEXT09	LFTEXT09	LFTEXT09	
what causes the difficulty	LFTSYM09	LFTSYM09	LFTSYM09	LFTSYM09	
what is the main condition	LFTDIS09	LFTDIS09	LFTDIS09	LFTDIS09	
reaching out	REACH09	REACH09	REACH09	REACH09	
how much difficulty	RCHDIF09	RCHDIF09	RCHDIF09	RCHDIF09	
how long have you had difficulty					
which extremity causes the problem	RCHEXT09	RCHEXT09	RCHEXT09	RCHEXT09	
what causes the difficulty	RCHSYM09	RCHSYM09	RCHSYM09	RCHSYM09	
what is the main condition	RCHDIS09	RCHDIS09	RCHDIS09	RCHDIS09	
gripping with your hands	GRIPNG09	GRIPNG09	GRIPNG09	GRIPNG09	
how much difficulty	GRPDIF09	GRPDIF09	GRPDIF09	GRPDIF09	
how long have you had difficulty					
which extremity causes the problem	GRPEXT09	GRPEXT09	GRPEXT09	GRPEXT09	
what causes the difficulty	GRPSYM09	GRPSYM09	GRPSYM09	GRPSYM09	
what is the main condition	GRPDIS09	GRPDIS09	GRPDIS09	GRPDIS09	
Were there any other symptoms or conditions?	OTHSYM09	OTHSYM09	OTHSYM09	OTHSYM09	
record other symptoms	SYMPT109	SYMPT109	SYMPT109	SYMPT109	
record other conditions/diseases	SYMPT209	SYMPT209	SYMPT209	SYMPT209	
Completed by: Participant or Proxy			DATACL09	DATACL09	
Interviewer Identification Number	INTID09	INTID09	INTID09	INTID09	
Interview Date	INTDAT09	INTDAT09	INTDAT09	INTDAT09	

(Other physical activity/functioning questions were asked on the Year 11 Medical History form. See the Duke Activity Status Index section.)

Calculated Variables (Physical Activity)

IADLs / ADLs VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Activities of Daily Living	ADL*	ADL*	ADL*	ADL*	ADL*	ADL*	ADL*
Instrumental iadl score	IADL**	IADL**	IADL**	IADL**	IADL**	IADL**	IADL**
Upper extremity score	UES***	UES***	UES***	UES***	UES***	UES***	UES***

IADLs / ADLs VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Activities of Daily Living	ADL*	ADL*	ADL*	ADL*	
Instrumental iadl score	IADL**	IADL**	IADL**	IADL**	
Upper extremity score	UES***	UES***	UES***	UES***	

 *ADL records the number of tasks (0-6) that the participant has difficulty with from the following list: walking around the home, getting out of bed, eating, dressing, bathing, using the toilet.

**IADL records the number of tasks (0-6) that the participant has difficulty with from the following list: heavy housework, light housework, shopping, preparing meals, paying bills, using the phone.

***UES records the number of tasks (0-3) that the participant has difficulty with from the following list: lifting, reaching, gripping.

Physical Exam Form
(Record 17)

(See Performance Based Measures--Record 27--for all of the procedures during follow-up years)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable Participant ID Version of this Form Interviewer ID	DATE17 IDNO VERS17 INTID17						
Measured Walk Gait test done Time, in seconds, to walk 15 feet	DONE17 TIME17						
Grip Strength Pain in wrist or hands Surgery on Hands	PAINHD17 SURGHD17						
First Hand Hand Tested Position of Dynamometer First Grip Strength (1) in KG First Grip Strength (2) in KG First Grip Strength (3) in KG	HAND117 DYNAM117 TRY117 TRY217 TRY317						
Second Hand Hand Tested Position of Dynamometer Second Grip Strength (1) in KG Second Grip Strength (2) in KG Second Grip Strength (3) in KG	HAND217 DYNAM217 TRY21I17 TRY22I17 TRY23I17						

Physical Exam Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
General Physical Exam							
Chest, Lungs Bilateral Rales-do not clear with cough ***Heart*** Systolic Murmur Diastolic Murmur ***Carotid Bruits*** Right - Supraclavicular Fossa Right - Angle of Jaw Right - Intensity Left - Supraclavicular Fossa Left - Angle of Jaw Left - Intensity ***Extremities*** Pitting Ankle Edema	LUNG17 SYSTOL17 DIASTO17 FOSSAR17 JAWR17 INTENR17 FOSSAL17 JAWL17 INTENL17 EDEMA17						
Chair Stands							
Single Chair Stand Safe to stand up without using arms Could you try to stand up without using arms? Code the reason task not performed Specify the reason for not attempted Number of attempts to rise Code for rises	STD117 STDT17 RSN117 SPERE117 NRISE117 RISE117						

Physical Exam Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Repeated Chair Stands Safe to stand up without using arms 5 times Code the reason task not performed Specify the reason for not attempted Heart Rate (30 sec) before chair stands Number of completed chair rises	STD517 RSN217 SPERS217 HRATEB17 NRISE517						
Heart Rate (30 sec) after chair stands	HRATEA17						
Number of seconds to complete chair stands	NSEC17						
Chair height	CHAIR17						
Other Physical Findings/Comments							
Other physical findings/comments	OTHER17						
Specify other findings	SPEOTH17						

Performance-Based Measurements Form
(Record 27)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE17		KDATE27	KDATE27	KDATE27	YEAR27	YEAR27

Measured Walk
Does (Is) the participant...
  able to do a tandem stand?
  use an assistive device for walking?
   If yes, what type of device
    Other, specify
  use a lower extremity orthosis?
  missing any limb?
   If yes, which limb?
    Left arm?
    Right arm?
    Left leg?
    Right leg?
  use a prosthesis?
   If yes, which limb?
    Left arm?
    Right arm?
    Left leg?
    Right leg?
  able to walk 15 feet?
   Uses assistive device on walk?
   Time (sec) to walk
   Number of steps taken
	
	DONE17
	
	TIME17
		
		WALK33
			
			TANDEM27
			DEVICE27
			DEVTYP27
			TYPSPC27
			ORTHOS27
			LIMB27
			
			MLARM27
			MRARM27
			MLLEG27
			MRLEG27
			PROTHE27
			
			PLARM27
			PRARM27
			PLLEG27
			PRLEG27
			WLKDON27
			
			TIME27
			STEPS27
				
				TANDEM27
				DEVICE27
				DEVTYP27
				TYPSPC27
				ORTHOS27
				LIMB27
				
				MLARM27
				MRARM27
				MLLEG27
				MRLEG27
				PROTHE27
				
				PLARM27
				PRARM27
				PLLEG27
				PRLEG27
				WLKDON27
				USEDEV27
				TIME27
				STEPS27
					
					TANDEM27
					DEVICE27
					DEVTYP27
					TYPSPC27
					ORTHOS27
					LIMB27
					
					MLARM27
					MRARM27
					MLLEG27
					MRLEG27
					PROTHE27
					
					PLARM27
					PRARM27
					PLLEG27
					PRLEG27
					WLKDON27
					USEDEV27
					TIME27
					STEPS27
						
						TANDEM27
						DEVICE27
						DEVTYP27
						TYPSPC27
						ORTHOS27
						LIMB27
						
						MLARM27
						MRARM27
						MLLEG27
						MRLEG27
						PROTHE27
						
						PLARM27
						PRARM27
						PLLEG27
						PRLEG27
						WLKDON27
						USEDEV27
						TIME27
						STEPS27
							
							DEVICE27
							DEVTYP27
							TYPSPC27
							ORTHOS27
							LIMB27
							
							MLARM27
							MRARM27
							MLLEG27
							MRLEG27
							PROTHE27
							
							PLARM27
							PRARM27
							PLLEG27
							PRLEG27
							WLKDON27
							USEDEV27
							TIME27
							STEPS27

Performance-Based Measurements Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR27	YEAR27	YEAR27	YEAR27	

<u>Measured Walk</u>
Does (Is) the participant...
  able to do a tandem stand?
  use an assistive device for walking?
   If yes, what type of device
    Other, specify
  use a lower extremity orthosis?
  missing any limb?
   If yes, which limb?
    Left arm?
    Right arm?
    Left leg?
    Right leg?
  use a prosthesis?
   If yes, which limb?
    Left arm?
    Right arm?
    Left leg?
    Right leg?
  paralysis of extremity or side of body?
   If yes, which side?
  able to walk 15 feet?
   Uses assistive device on walk?
   Time (sec) to walk
   Number of steps taken
	
	DEVICE27
	DEVTYP27
	TYPSPC27
	ORTHOS27
	LIMB27
	
	MLARM27
	MRARM27
	MLLEG27
	MRLEG27
	PROTHE27
	
	PLARM27
	PRARM27
	PLLEG27
	PRLEG27
	
	WLKDON27
	USEDEV27
	TIME27
	STEPS27
		
		DEVICE27
		DEVTYP27
		TYPSPC27
		ORTHOS27
		LIMB27
		
		MLARM27
		MRARM27
		MLLEG27
		MRLEG27
		PROTHE27
		
		PLARM27
		PRARM27
		PLLEG27
		PRLEG27
		
		WLKDON27
		USEDEV27
		TIME27
		STEPS27
			
			DEVICE27
			DEVTYP27
			TYPSPC27
			ORTHOS27
			LIMB27
			
			MLARM27
			MRARM27
			MLLEG27
			MRLEG27
			PROTHE27
			
			PLARM27
			PRARM27
			PLLEG27
			PRLEG27
			PARAL27
			PARSID27
			WLKDON27
			USEDEV27
			TIME27
			STEPS27
				
				DEVICE27
				DEVTYP27
				TYPSPC27
				ORTHOS27
				LIMB27
				
				MLARM27
				MRARM27
				MLLEG27
				MRLEG27
				PROTHE27
				
				PLARM27
				PRARM27
				PLLEG27
				PRLEG27
				PARAL27
				PARSID27
				WLKDON27
				USEDEV27
				TIME27
				STEPS27	

Performance-Based Measurements Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Grip Strength
Can participant lift arm to the table?
  Left arm
  Right arm
Ask "Have you had...
  a recent worsening of pain/arthritis in
    your wrist or tendonitis?
  any surgery on your hands/arms?
Was grip strength test done?
  Code for dominant hand being tested
   1st try
   2nd try
   3rd try
  Code for other hand being tested
   1st try
   2nd try
   3rd try
	HAND117
	TRY117
	TRY217
	TRY317
	HAND217
	TRY21I17
	TRY22I17
	TRY23I17
			LLARM27
			LRARM27
			
			PAINHD27
			
			SURGHD27
			GRIP27
			HAND127
			TRY127
			TRY227
			TRY327
			HAND227
			TRY21I27
			TRY22I27
			TRY23I27
				LLARM27
				LRARM27
				
				PAINHD27
				
				SURGHD27
				GRIP27
				HAND127
				TRY127
				TRY227
				TRY327
				HAND227
				TRY21I27
				TRY22I27
				TRY23I27
					LLARM27
					LRARM27
					
					PAINHD27
					
					SURGHD27
					GRIP27
					HAND127
					TRY127
					TRY227
					TRY327
					HAND227
					TRY21I27
					TRY22I27
					TRY23I27
						LLARM27
						LRARM27
						
						PAINHD27
						
						SURGHD27
						GRIP27
						HAND127
						TRY127
						TRY227
						TRY327
						HAND227
						TRY21I27
						TRY22I27
						TRY23I27
							LLARM27
							LRARM27
							
							PAINHD27
							
							SURGHD27
							GRIP27
							HAND127
							TRY127
							TRY227
							TRY327
							HAND227
							TRY21I27
							TRY22I27
							TRY23I27

Chair Stands
Ask "Do you think...
  ... **safe** for you to stand up from a
   chair w/out using your arms?
  you **could** stand up from a chair w/out
   using your arms?
Code the reason task was not
performed
  Other, specify
Number of attempts to rise
Rises (description)
	STD117
	
	STDT17
	
	RSN117
	SPERE117
	NRISE117
	RISE117
			SAFE27
			
			TRYSTD27
			
			NOTAT127
			SPEC127
			ATTMP127
			RISETY27
				SAFE27
				
				TRYSTD27
				
				NOTAT127
				SPEC127
				ATTMP127
				RISETY27
					SAFE27
					
					TRYSTD27
					
					NOTAT127
					SPEC127
					ATTMP127
					RISETY27
						SAFE27
						
						TRYSTD27
						
						NOTAT127
						SPEC127
						ATTMP127
						RISETY27	

Performance-Based Measurements Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Grip Strength
Can participant lift arm to the table?
  Left arm
  Right arm
Ask "Have you had...
  a recent worsening of pain/arthritis in
    your wrist or tendonitis?
  safely squeeze as hard as you can?
  any surgery on your hands/arms?
Was grip strength test done?
  Code for dominant hand being tested
    1st try
    2nd try
    3rd try
  Code for other hand being tested
    1st try
    2nd try
    3rd try
	LLARM27
	LRARM27
	
	PAINHD27
	
	SURGHD27
	GRIP27
	HAND127
	TRY127
	TRY227
	TRY327
	HAND227
	TRY21I27
	TRY22I27
	TRY23I27
		LLARM27
		LRARM27
		
		PAINHD27
		
		SAFSQZ27
		SURGHD27
		GRIP27
		HAND127
		TRY127
		TRY227
		TRY327
		HAND227
		TRY21I27
		TRY22I27
		TRY23I27
			LLARM27
			LRARM27
			
			PAINHD27
			
			SAFSQZ27
			SURGHD27
			GRIP27
			HAND127
			TRY127
			TRY227
			TRY327
				LLARM27
				LRARM27
				
				PAINHD27
				
				SAFSQZ27
				SURGHD27
				GRIP27
				HAND127
				TRY127
				TRY227
				TRY327	

Chair Stands
Ask "Do you think...
  ... **safe** for you to stand up from a
  chair w/out using your arms?
  you **could** stand up from a chair w/out
  using your arms?
Code the reason task was not
performed
  Other, specify
Number of attempts to rise
Rises (description)
	SAFE27
	
	TRYSTD27
	
	NOTAT127
	SPEC127
	ATTMP127
	RISETY27
		SAFE27
		
		TRYSTD27
		
		NOTAT127
		SPEC127
		ATTMP127
		RISETY27
			SAFE27
			
			TRYSTD27
			
			NOTAT127
			SPEC127
			ATTMP127
			RISETY27
				SAFE27
				
				TRYSTD27
				
				NOTAT127
				SPEC127
				ATTMP127
				RISETY27	

Performance-Based Measurements Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Repeated Chair Stands Ask "... safe for you to stand up from a chair w/out using arms 5 times?	STD517		SAFE527	SAFE527	SAFE527	SAFE527	
Reason task not attempted	RSN217		NOTAT227	NOTAT227	NOTAT227	NOTAT227	
Other, specify	SPERS217		SPEC227	SPEC227	SPEC227	SPEC227	
Heart rate (30 sec) prior to chair stands	HRATEB17		PRE27	PRE27	PRE27	PRE27	
Systolic BP prior to chair stands							
Diastolic BP prior to chair stand							
Number of completed chair rises	NRISE517		RISES27	RISES27	RISES27	RISES27	
Heart rate (30 sec) after chair stands	HRATEA17		POST27	POST27	POST27	POST27	
Systolic BP after chair stands							
Diastolic BP after chair stands							
Number of seconds	NSEC17		CTIME27	CTIME27	CTIME27	CTIME27	
Chair height	CHAIR17		HEIGHT27	HEIGHT27	HEIGHT27	HEIGHT27	
Finger-Tapping Test Which hand done first (dominant hand)			TAPHND27	TAPHND27	TAPHND27	TAPHND27	TAPHND27
Number of taps in 15 sec							
Left hand			TAPLFT27	TAPLFT27	TAPLFT27	TAPLFT27	TAPLFT27
Right hand			TAPRT27	TAPRT27	TAPRT27	TAPRT27	TAPRT27
Key in Lock Participant able to pick up key?			PICKUP27	PICKUP27	PICKUP27	PICKUP27	
Able to put key in lock?			LOCK27	LOCK27	LOCK27	LOCK27	
Able to open lock?			OPEN27	OPEN27	OPEN27	OPEN27	
Time (sec) to complete task			LTIME27	LTIME27	LTIME27	LTIME27	
Medication Container & Telephone Participant able to open med container?			MEDIC27	MEDIC27	MEDIC27	MEDIC27	
Able to dial numbers on telephone?			PHONE27				
Standard Shirt Participant able to put on shirt?			SHIRT27	SHIRT27	SHIRT27	SHIRT27	
Able to button shirt?			BUTTON27	BUTTON27	BUTTON27	BUTTON27	
Time needed to put on & button shirt			STIME27	STIME27	STIME27	STIME27	

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Question	Year 8	Year 9	Year 10	Year 11	Year 12
Repeated Chair Stands Ask "... safe for you to stand up from a chair w/out using arms 5 times?	SAFE527	SAFE527	SAFE527	SAFE527	
Reason task not attempted	NOTAT227	NOTAT227	NOTAT227	NOTAT227	
Other, specify	SPEC227	SPEC227	SPEC227	SPEC227	
Heart rate (30 sec) prior to chair stands	PRE27	PRE27	PRE27	PRE27	
Systolic BP prior to chair stands				SYSPRE27	
Diastolic BP prior to chair stand				DIAPRE27	
Number of completed chair rises	RISES27	RISES27	RISES27	RISES27	
Heart rate (30 sec) after chair stands	POST27	POST27	POST27	POST27	
Systolic BP after chair stands				SYSPST27	
Diastolic BP after chair stands				DIAPST27	
Number of seconds	CTIME27	CTIME27	CTIME27	CTIME27	
Chair height	HEIGHT27	HEIGHT27	HEIGHT27	HEIGHT27	
Finger-Tapping Test Which hand done first (dominant hand)	TAPHND27	TAPHND27	TAPHND27	TAPHND27	
Number of taps in 15 sec					
Left hand	TAPLFT27	TAPLFT27	TAPLFT27	TAPLFT27	
Right hand	TAPRT27	TAPRT27	TAPRT27	TAPRT27	
Key in Lock Participant able to pick up key? Able to put key in lock? Able to open lock? Time (sec) to complete task					
Medication Container & Telephone Participant able to open med container? Able to dial numbers on telephone?					
Standard Shirt Participant able to put on shirt? Able to button shirt? Time needed to put on & button shirt					

Performance-Based Measurements Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Balance Stands **
Participant able to do side-by-side stand
   for 10 seconds?
Number of seconds if less than 10.
Participant able to do semi-tandem
   stand for 10 seconds?
Number of seconds if less than 10.
Participant able to do tandem stand for
   10 seconds?
Number of seconds if less than 10.							

Leg Lift
Participant able to lift leg while
standing to 90 deg at hip & knee?
  Left leg
  Right leg
			LLEG27
			LRLEG27
				LLEG27
				LRLEG27
					LLEG27
					LRLEG27
						LLEG27
						LRLEG27
							LLEG27
							LRLEG27

Interviewer Date	INTID17		INTID27 DATE27	INTID27 DATE27	INTID27 DATE27	INTID27 DATE27	INTID27 DATE27

** See Measured Walk at the beginning of this record.

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Performance-Based Measurements Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Balance Stands
Participant able to do side-by-side stand
    for 10 seconds?
Number of seconds if less than 10.
Participant able to do semi-tandem
    stand for 10 seconds?
Number of seconds if less than 10.
Participant able to do tandem stand for
    10 seconds?
Number of seconds if less than 10.
		SIDE27
		SIDETM27
		
		SEMI27
		SEMITM27
		
		TAND27
		TANDTM27
			SIDE27
			SIDETM27
			
			SEMI27
			SEMITM27
			
			TAND27
			TANDTM27
				SIDE27
				SIDETM27
				
				SEMI27
				SEMITM27
				
				TAND27
				TANDTM27	

Leg Lift
Participant able to lift leg while standing to 90 deg at hip & knee?
  Left leg
  Right leg
		LLGLFT27
		RLGLFT27
			LLGLFT27
			RLGLFT27
				LLGLFT27
				RLGLFT27	

Interviewer Date	INTID27 DATE27	INTID27 DATE27	INTID27 DATE27	INTID27 DATE27	

Calculated Variables

PERFORM. BASED VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Ave grip, dominant hand	DOMGRIP		DOMGRIP	DOMGRIP	DOMGRIP	DOMGRIP	DOMGRIP

PERFORM. BASED VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Ave grip, dominant hand	DOMGRIP	DOMGRIP	DOMGRIP	DOMGRIP	

Audiometry Form **
(Record 79)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Data selection variable				YEAR79	
Do you use a hearing aid? Which ear(s)?				HEARAD79 EAR79	
Evidence of infection in either ear?				INFECT79	
Wax present in the ears?				WAX79	

Audiometry test done?
   Reason test incomplete or not done
      Specify other reason
				TSTDNE79
				WHYNOT79
				OTHSPC79	

Air conduction TRIAL 1
Left Ear - Frequency
    PT
    1000
    2000
    4000
    500
Right Ear - Frequency
    PT
    1000
    2000
    4000
    500
				FPTL179
				F1L179
				F2L179
				F4L179
				F5L179
				
				FPTR179
				F1R179
				F2R179
				F4R179
				F5R179	

** Administered for the first time in Year 11.

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Audiometry Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12

<u>Air conduction TRIAL 2</u>
Left Ear - Frequency
   PT
   1000
   2000
   4000
   500
Right Ear - Frequency
   PT
   1000
   2000
   4000
   500
				FPTL279
				F1L279
				F2L279
				F4L279
				F5L279
				
				FPTR279
				F1R279
				F2R279
				F4R279
				F5R279	

Technician Identification Number Date of procedure				TECHID79 DATE79	

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Vibration/Tuning Fork Form**
(Record 83)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Data selection variable				YEAR83	
Right Side Feel vibration on right great toe Feel vibration on R medial malleolus Fee vibration on R tibial tuberosity				RTOE83 RMALL83 RTIB83	
Left Side Feel vibration on left great toe Feel vibration on L medial malleolus Fee vibration on L tibial tuberosity				LTOE83 LMALL83 LTIB83	
Technician identification number Date of procedure				TECHID83 DATE83	

** Administered for the first time in Year 11.

Medications Form
(Record 06)
(See also Records 26, 61, 62)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KEYDAT06	KEYDAT06	KEYDAT06	KEYDAT06	KEYDAT06	YEAR06	YEAR06
Participant ID number	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
Section A - Medication Reception							
Take any Medications	TAKMED06	TAKMED06	TAKMED06	TAKMED06	TAKMED06	TAKMED06	TAKMED06
Section B - Prescription Medications							
Number of Medications	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06
Number unable to transcribe	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06
Section C - Questions Regarding Over-the-Counter Medications and Supplements							
During last two weeks, did you take any: Aspirin/Aspirin-containing Medicines	ASPR06	ASPR06	ASPR06	ASPR06	ASPR06	ASPR59	ASPR59
On how many days took Aspirin/Aspirin-containing Medicines in last two weeks	DAYASP06	DAYASP06	DAYASP06	DAYASP06	DAYASP06	DAYASP59	DAYASP59
During last two weeks, did you take any: Codliver oil/other fish oil supplements	FSHOIL06	FSHOIL06	FSHOIL06	FSHOIL06	FSHOIL06	FSHOIL59	
On how many days took this medicine in last two weeks	DAYFSH06	DAYFSH06	DAYFSH06	DAYFSH06	DAYFSH06	DAYFSH59	

* Variables concerning medication changes in the last 30 days (start med, stop med, change dose) can be found in the Medical History Section.

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR06	YEAR06	YEAR06	YEAR06	
Participant ID number	IDNO	IDNO	IDNO	IDNO	
Section A - Medication Reception					
Take any Medications	TAKMED06	TAKMED06	TAKMED06	TAKMED06	
Section B - Prescription Medications					
Number of Medications	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06	
Number unable to transcribe	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06	
Section C - Questions Regarding Over-the-Counter Medications and Supplements					
During last two weeks, did you take any: Aspirin/Aspirin-containing Medicines	ASPR59	ASPR59	ASPR59	ASPR59	
On how many days took Aspirin/Aspirin-containing Medicines in last two weeks	DAYASP59	DAYASP59	DAYASP59	DAYASP59	
During last two weeks, did you take any: Codliver oil/other fish oil supplements					
On how many days took this medicine in last two weeks					

* Variables concerning medication changes in the last 30 days (start med, stop med, change dose) can be found in the Medical History Section.

Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Are you taking any of the following medications one or more times a week:							
Antihistamines(cold or allergy pills)	ANTHST06	ANTHST06	ANTHST06	ANTHST06	ANTHST06	ANTHST59	
Sleeping pills	SLPILL06	SLPILL06	SLPILL06	SLPILL06	SLPILL06	SLPILL59	
Laxatives	LAXATV06	LAXATV06	LAXATV06	LAXATV06	LAXATV06	LAXATV59	
Calcium supplements	CALC06	CALC06	CALC06	CALC06	CALC06	CALC59	
Have you had a flu shot in the last year	FLUSH06	FLUSH06	FLUSH06	FLUSH06	FLUSH06	FLUSH59	FLUSH59
Have you ever had a shot to prevent pneumonia (pneumovax)	PNEUSH06	PNEUSH06	PNEUSH06	PNEUSH06	PNEUSH06	PNEUSH59	PNEUSH59
Did a doctor prescribe nitroglycerin for you in the last year	NITRO06	NITRO06	NITRO06	NITRO06	NITRO06	NITRO59	NITRO59
Date of interview	INTDAT06	INTDAT06	INTDAT06	INTDAT06	INTDAT06		
Interviewer ID number	INTID06	INTID06	INTID06	INTID06	INTID06	INTID06	INTID06
Key Entry ID number	KEYID06	KEYID06	KEYID06	KEYID06	KEYID06		
Computed Prescription Medications:							
Beta blockers	BETA06	BETA06	BETA06	BETA06	BETA06	BETA06	BETA06
Beta blockers and diuretics	BETAD06	BETAD06	BETAD06	BETAD06	BETAD06	BETAD06	BETAD06
Calcium channel blockers	CCB06	CCB06	CCB06	CCB06	CCB06	CCB06	CCB06
Ace inhibitors	ACE06	ACE06	ACE06	ACE06	ACE06	ACE06	ACE06

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Are you taking any of the following medications one or more times a week:					
Antihistamines(cold or allergy pills)					
Sleeping pills					
Laxatives					
Calcium supplements					
Have you had a flu shot in the last year	FLUSH59	FLUSH59	FLUSH59	FLUSH59	
Have you ever had a shot to prevent pneumonia (pneumovax)	PNEUSH59	PNEUSH59	PNEUSH59	PNEUSH59	
Did a doctor prescribe nitroglycerin for you in the last year If yes, specify reason	NITRO59	NITRO59 NITSPC59	NITRO59 NITSPC59	NITRO59 NITSPC59	
Date of interview					
Interviewer ID number	INTID06	INIT06	INIT06	INIT06	
Key Entry ID number					
Computed Prescription Medications:					
Beta blockers	BETA06	BETA06	BETA06	BETA06	
Beta blockers and diuretics	BETAD06	BETAD06	BETAD06	BETAD06	
Calcium channel blockers	CCB06	CCB06	CCB06	CCB06	
Ace inhibitors	ACE06	ACE06	ACE06	ACE06	

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Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Ace inhibitors and diuretics	ACED06	ACED06	ACED06	ACED06	ACED06	ACED06	ACED06
Vasodilators	VASO06	VASO06	VASO06	VASO06	VASO06	VASO06	VASO06
Vasodilators and diuretics	VASOD06	VASOD06	VASOD06	VASOD06	VASOD06	VASOD06	VASOD06
Diuretics	DIURET06	DIURET06	DIURET06	DIURET06	DIURET06	DIURET06	DIURET06
Digitalis	DIG06	DIG06	DIG06	DIG06	DIG06	DIG06	DIG06
Nitrates	NTG06	NTG06	NTG06	NTG06	NTG06	NTG06	NTG06
Class 1A anti-arrhythmics	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06
Lipid lowering medications	LIPID06	LIPID06	LIPID06	LIPID06	LIPID06	LIPID06	LIPID06
Oral Hypoglycemics	OHGA06	OHGA06	OHGA06	OHGA06	OHGA06	OHGA06	OHGA06
Insulin	INSULN06	INSULN06	INSULN06	INSULN06	INSULN06	INSULN06	INSULN06
Estrogens	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06
Progestins	PROGST06	PROGST06	PROGST06	PROGST06	PROGST06	PROGST06	PROGST06
Phosphodiesterase Inhibitors	PDEI06	PDEI06	PDEI06	PDEI06	PDEI06	PDEI06	PDEI06
Sympathomimetic (Adrenergic) agents	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06
Tri- (& Tetra-)cyclic anti-depressants	TCA06	TCA06	TCA06	TCA06	TCA06	TCA06	TCA06
Monoamine Oxidase Inhibitors	MAOI06	MAOI06	MAOI06	MAOI06	MAOI06	MAOI06	MAOI06
Non-tricyclic anti-depressants	NTCA06	NTCA06	NTCA06	NTCA06	NTCA06	NTCA06	NTCA06
Comb. drugs--tricyclics & anti-psychot.	TCAP06	TCAP06	TCAP06	TCAP06	TCAP06	TCAP06	TCAP06

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Ace inhibitors and diuretics	ACED06	ACED06	ACED06	ACED06	
Vasodilators	VASO06	VASO06	VASO06	VASO06	
Vasodilators and diuretics	VASOD06	VASOD06	VASOD06	VASOD06	
Diuretics	DIURET06	DIURET06	DIURET06	DIURET06	
Digitalis	DIG06	DIG06	DIG06	DIG06	
Nitrates	NTG06	NTG06	NTG06	NTG06	
Class 1A anti-arrhythmics	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06	
Lipid lowering medications	LIPID06	LIPID06	LIPID06	LIPID06	
Oral Hypoglycemics	OHGA06	OHGA06	OHGA06	OHGA06	
Insulin	INSULN06	INSULN06	INSULN06	INSULN06	
Estrogens	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06	
Progestins	PROGST06	PROGST06	PROGST06	PROGST06	
Phosphodiesterase Inhibitors	PDEI06	PDEI06	PDEI06	PDEI06	
Sympathomimetic (Adrenergic) agents	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06	
Tri- (& Tetra-)cyclic anti-depressants	TCA06	TCA06	TCA06	TCA06	
Monoamine Oxidase Inhibitors	MAOI06	MAOI06	MAOI06	MAOI06	
Non-tricyclic anti-depressants	NTCA06	NTCA06	NTCA06	NTCA06	
Comb. drugs--tricyclics & anti-psychot.	TCAP06	TCAP06	TCAP06	TCAP06	

Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Anti-psychotics	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06
Aspirin (excluding most aspirin-containing compounds)	ASA06	ASA06	ASA06	ASA06	ASA06	ASA06	ASA06
Non-steroidal Anti-inflamm. agents	NSAID06	NSAID06	NSAID06	NSAID06	NSAID06	NSAID06	NSAID06
Benzodiazepines	BENZOD06	BENZOD06	BENZOD06	BENZOD06	BENZOD06	BENZOD06	BENZOD06
Premarin	PREMAR06	PREMAR06	PREMAR06	PREMAR06	PREMAR06	PREMAR06	PREMAR06
Oral anticoagulants	WARF06	WARF06	WARF06	WARF06	WARF06	WARF06	WARF06
Loop diuretics	LOOP06	LOOP06	LOOP06	LOOP06	LOOP06	LOOP06	LOOP06
Thiazide diuretics w/o K-sparing	HCTZ06	HCTZ06	HCTZ06	HCTZ06	HCTZ06	HCTZ06	HCTZ06
Thiazide diuretics w/ K-sparing	HCTZK06	HCTZK06	HCTZK06	HCTZK06	HCTZK06	HCTZK06	HCTZK06
Potassium-sparing agents alone	KCL6	KCL6	KCL6	KCL6	KCL6	KCL6	KCL6
All immediate-release CCB	CCBIR06	CCBIR06	CCBIR06	CCBIR06	CCBIR06	CCBIR06	CCBIR06
All slow-release CCB	CCBSR06	CCBSR06	CCBSR06	CCBSR06	CCBSR06	CCBSR06	CCBSR06
Immediate-release nifedipine	NIFIR06	NIFIR06	NIFIR06	NIFIR06	NIFIR06	NIFIR06	NIFIR06
Slow-release nifedipine	NIFSR06	NIFSR06	NIFSR06	NIFSR06	NIFSR06	NIFSR06	NIFSR06
Immediate-release dihydropyridines	DIHIR06	DIHIR06	DIHIR06	DIHIR06	DIHIR06	DIHIR06	DIHIR06
Amlodipine (long acting, includes lotrel)	AMLOD06	AMLOD06	AMLOD06	AMLOD06	AMLOD06	AMLOD06	AMLOD06
Slow-release dihydropyridines	DIHSR06	DIHSR06	DIHSR06	DIHSR06	DIHSR06	DIHSR06	DIHSR06
Immediate-release verapamil	VERIR06	VERIR06	VERIR06	VERIR06	VERIR06	VERIR06	VERIR06

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Anti-psychotics	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06	
Aspirin (excluding most aspirin-containing compounds)	ASA06	ASA06	ASA06	ASA06	
Non-steroidal Anti-inflamm. agents	NSAID06	NSAID06	NSAID06	NSAID06	
Benzodiazepines	BENZOD06	BENZOD06	BENZOD06	BENZOD06	
Premarin	PREMAR06	PREMAR06	PREMAR06	PREMAR06	
Oral anticoagulants	WARF06	WARF06	WARF06	WARF06	
Loop diuretics	LOOP06	LOOP06	LOOP06	LOOP06	
Thiazide diuretics w/o K-sparing	HCTZ06	HCTZ06	HCTZ06	HCTZ06	
Thiazide diuretics w/ K-sparing	HCTZK06	HCTZK06	HCTZK06	HCTZK06	
Potassium-sparing agents alone	KCL6	KCL6	KCL6	KCL6	
All immediate-release CCB	CCBIR06	CCBIR06	CCBIR06	CCBIR06	
All slow-release CCB	CCBSR06	CCBSR06	CCBSR06	CCBSR06	
Immediate-release nifedipine	NIFIR06	NIFIR06	NIFIR06	NIFIR06	
Slow-release nifedipine	NIFSR06	NIFSR06	NIFSR06	NIFSR06	
Immediate-release dihydropyridines	DIHIR06	DIHIR06	DIHIR06	DIHIR06	
Amlodipine(long acting, includes lotrel)	AMLOD06	AMLOD06	AMLOD06	AMLOD06	
Slow-release dihydropyridines	DIHSR06	DIHSR06	DIHSR06	DIHSR06	
Immediate-release verapamil	VERIR06	VERIR06	VERIR06	VERIR06	

Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Slow-release verapamil	VERSR06	VERSR06	VERSR06	VERSR06	VERSR06	VERSR06	VERSR06
Immediate-release diltiazem	DLTIR06	DLTIR06	DLTIR06	DLTIR06	DLTIR06	DLTIR06	DLTIR06
Slow-release diltiazem	DLTSR06	DLTSR06	DLTSR06	DLTSR06	DLTSR06	DLTSR06	DLTSR06
Alpha-blockers w/o diuretics	ALPHA06	ALPHA06	ALPHA06	ALPHA06	ALPHA06	ALPHA06	ALPHA06
Alpha-blockers w/ diuretics	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06
Anti-arrhythmics, Class 1B	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06
Anti-arrhythmics, Class 1C	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06
Anti-arrhythmics, Class 3	ANAR306	ANAR306	ANAR306	ANAR306	ANAR306	ANAR306	ANAR306
Peripheral vasolilators	PVDL06	PVDL06	PVDL06	PVDL06	PVDL06	PVDL06	PVDL06
Bile-acid sequestrants	BASQ06	BASQ06	BASQ06	BASQ06	BASQ06	BASQ06	BASQ06
HMG COA reducatace inhibitors (statins)	STTN06	STTN06	STTN06	STTN06	STTN06	STTN06	STTN06
Miscellaneous lipid lowering drugs	MLPD06	MLPD06	MLPD06	MLPD06	MLPD06	MLPD06	MLPD06
Niacin and nicotinic acid	NIAC06	NIAC06	NIAC06	NIAC06	NIAC06	NIAC06	NIAC06
Thyroid agents	THRY06	THRY06	THRY06	THRY06	THRY06	THRY06	THRY06
Inhaled steroids for asthma	ISTRD06	ISTRD06	ISTRD06	ISTRD06	ISTRD06	ISTRD06	ISTRD06
Oral steroids	OSTRD06	OSTRD06	OSTRD06	OSTRD06	OSTRD06	OSTRD06	OSTRD06
Angiotensin Type 2 Antagonists	A2A06	A2A06	A2A06	A2A06	A2A06	A2A06	A2A06
Angiotensin Type 2 Antagonists + Diuretics	A2AD06	A2AD06	A2AD06	A2AD06	A2AD06	A2AD06	A2AD06
T-Type Calcium-Channel Blockers	CCBT06	CCBT06	CCBT06	CCBT06	CCBT06	CCBT06	CCBT06

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Slow-release verapamil	VERSR06	VERSR06	VERSR06	VERSR06	
Immediate-release diltiazem	DLTIR06	DLTIR06	DLTIR06	DLTIR06	
Slow-release diltiazem	DLTSR06	DLTSR06	DLTSR06	DLTSR06	
Alpha-blockers w/o diuretics	ALPHA06	ALPHA06	ALPHA06	ALPHA06	
Alpha-blockers w/ diuretics	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06	
Anti-arrhythmics, Class 1B	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06	
Anti-arrhythmics, Class 1C	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06	
Anti-arrhythmics, Class 3	ANAR306	ANAR306	ANAR306	ANAR306	
Peripheral vasolilators	PVDL06	PVDL06	PVDL06	PVDL06	
Bile-acid sequestrants	BASQ06	BASQ06	BASQ06	BASQ06	
HMG COA reducatace inhibitors (statins)	STTN06	STTN06	STTN06	STTN06	
Miscellaneous lipid lowering drugs	MLPD06	MLPD06	MLPD06	MLPD06	
Niacin and nicotinic acid	NIAC06	NIAC06	NIAC06	NIAC06	
Thyroid agents	THRY06	THRY06	THRY06	THRY06	
Inhaled steroids for asthma	ISTRD06	ISTRD06	ISTRD06	ISTRD06	
Oral steroids	OSTRD06	OSTRD06	OSTRD06	OSTRD06	
Angiotensin Type 2 Antagonists	A2A06	A2A06	A2A06	A2A06	
Angiotensin Type 2 Antagonists + Diuretics	A2AD06	A2AD06	A2AD06	A2AD06	
T-Type Calcium-Channel Blockers	CCBT06	CCBT06	CCBT06	CCBT06	

Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
First Generation Sulfonylureas	SLF106	SLF106	SLF106	SLF106	SLF106	SLF106	SLF106
Second Generation Sulfonylureas	SLF206	SLF206	SLF206	SLF206	SLF206	SLF206	SLF206
Biguanides	BGND06	BGND06	BGND06	BGND06	BGND06	BGND06	BGND06
Alpha-Glucosidase Inhibitors	AGDI06	AGDI06	AGDI06	AGDI06	AGDI06	AGDI06	AGDI06
Thiazolidinediones	THZD06	THZD06	THZD06	THZD06	THZD06	THZD06	THZD06
Acetylcholine Esterase Inhibitors	ALZH06	ALZH06	ALZH06	ALZH06	ALZH06	ALZH06	ALZH06
Probucol	PROB06	PROB06	PROB06	PROB06	PROB06	PROB06	PROB06
Fibrins	FIBR06	FIBR06	FIBR06	FIBR06	FIBR06	FIBR06	FIBR06
Cox-2 Inhibitors (NSAID agents)	COX206	COX206	COX206	COX206	COX206	COX206	COX206
K-Channel Blockers-enhance insulin secr.	KBLKR06	KBLKR06	KBLKR06	KBLKR06	KBLKR06	KBLKR06	KBLKR06
Inhibitors of ADP-Induced Platelet Aggr.	ADPI06	ADPI06	ADPI06	ADPI06	ADPI06	ADPI06	ADPI06
Heparins	HPRNS06	HPRNS06	HPRNS06	HPRNS06	HPRNS06	HPRNS06	HPRNS06
Erectile Dysfunction Drugs	EDD06	EDD06	EDD06	EDD06	EDD06	EDD06	EDD06
Weight Loss Drugs	WTLS06	WTLS06	WTLS06	WTLS06	WTLS06	WTLS06	WTLS06
Oral Anti-Inflammatory asthma drugs	OAIA06	OAIA06	OAIA06	OAIA06	OAIA06	OAIA06	OAIA06

Question	Year 8	Year 9	Year 10	Year 11	Year 12
First Generation Sulfonylureas	SLF106	SLF106	SLF106	SLF106	
Second Generation Sulfonylureas	SLF206	SLF206	SLF206	SLF206	
Biguanides	BGND06	BGND06	BGND06	BGND06	
Alpha-Glucosidase Inhibitors	AGDI06	AGDI06	AGDI06	AGDI06	
Thiazolidinediones	THZD06	THZD06	THZD06	THZD06	
Acetylcholine Esterase Inhibitors	ALZH06	ALZH06	ALZH06	ALZH06	
Probucol	PROB06	PROB06	PROB06	PROB06	
Fibrins	FIBR06	FIBR06	FIBR06	FIBR06	
Cox-2 Inhibitors (NSAID agents)	COX206	COX206	COX206	COX206	
K-Channel Blockers-enhance insulin secr.	KBLKR06	KBLKR06	KBLKR06	KBLKR06	
Inhibitors of ADP-Induced Platelet Aggr.	ADPI06	ADPI06	ADPI06	ADPI06	
Heparins	HPRNS06	HPRNS06	HPRNS06	HPRNS06	
Erectile Dysfunction Drugs	EDD06	EDD06	EDD06	EDD06	
Weight Loss Drugs	WTLS06	WTLS06	WTLS06	WTLS06	
Oral Anti-Inflammatory asthma drugs	OAIA06	OAIA06	OAIA06	OAIA06	

Individual Medications Form
(Record 26)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable (Date Medications entered)	DATE26	DATE26	DATE26	DATE26	DATE26	YEAR26	YEAR26
Participant ID	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
Line number of Medication	LINE26	LINE26	LINE26	LINE26	LINE26	LINE26	LINE26
Name of Medication	MEDNAM26	MEDNAM26	MEDNAM26	MEDNAM26	MEDNAM26	MEDNAM26	MEDNAM26
Prescription Dose	DOSE26	DOSE26	DOSE26	DOSE26	DOSE26	DOSE26	DOSE26
Prescribed Frequency	FREQ126	FREQ126	FREQ126	FREQ126	FREQ126	FREQ126	FREQ126
Frequency Taken	FREQ226	FREQ226	FREQ226	FREQ226	FREQ226	FREQ226	FREQ226
PRN Medication	PRN26	PRN26	PRN26	PRN26	PRN26	PRN26	PRN26
NDC Code							
First 3 digits	NDC126	NDC126	NDC126	NDC126	NDC126	NDC126	NDC126
Last 7 digits	NDC226	NDC226	NDC226	NDC226	NDC226	NDC226	NDC226
Changed Dose	CHDOSE26	CHDOSE26	CHDOSE26	CHDOSE26	CHDOSE26	CHDOSE26	CHDOSE26
Changed Medication Name	CHMED26	CHMED26	CHMED26	CHMED26	CHMED26	CHMED26	CHMED26
Medication Class Code	CLCODE26	CLCODE26	CLCODE26	CLCODE26	CLCODE26	CLCODE26	CLCODE26

Individual Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable (Date Medications entered)	YEAR26	YEAR26	YEAR26	YEAR26	
Participant ID	IDNO	IDNO	IDNO	IDNO	
Line number of Medication	LINE26	LINE26	LINE26	LINE26	
Name of Medication	MEDNAM26	MEDNAM26	MEDNAM26	MEDNAM26	
Prescription Dose	DOSE26	DOSE26	DOSE26	DOSE26	
Prescribed Frequency	FREQ126	FREQ126	FREQ126	FREQ126	
Frequency Taken	FREQ226	FREQ226	FREQ226	FREQ226	
PRN Medication	PRN26	PRN26	PRN26	PRN26	
NDC Code					
First 3 digits	NDC126	NDC126	NDC126	NDC126	
Last 7 digits	NDC226	NDC226	NDC226	NDC226	
Changed Dose	CHDOSE26	CHDOSE26	CHDOSE26	CHDOSE26	
Changed Medication Name	CHMED26	CHMED26	CHMED26	CHMED26	
Medication Class Code	CLCODE26	CLCODE26	CLCODE26	CLCODE26	

OTC Medications Form
(Record 61)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable						YEAR61	YEAR61
Participant ID Number						IDNO	IDNO
Take Any Medications						TAKEMED61	TAKEMED61
Number of Medications						NOMEDS61	NOMEDS61
Unable to Transcribe Number						UNTRAN61	UNTRAN61
Date of Interview						INTDAT61	INTDAT61
Interviewer ID Number						INTID61	INTID61
Key Entry Id Number						KEYID61	KEYID61

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR61	YEAR61	YEAR61	YEAR61	
Participant ID Number	IDNO	IDNO	IDNO	IDNO	
Take Any Medications	TAKMED61	TAKMED61	TAKMED61	TAKMED61	
Number of Medications	NOMEDS61	NOMEDS61	NOMEDS61	NOMEDS61	
Unable to Transcribe Number	UNTRAN61	UNTRAN61	UNTRAN61	UNTRAN61	
Date of Interview	INTDAT61	INTDAT61	INTDAT61	INTDAT61	
Interviewer ID Number	INTID61	INTID61	INTID61	INTID61	
Key Entry Id Number	KEYID61	KEYID61	KEYID61	KEYID61	

OTC Medications Data
(Record 62)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable						YEAR62	YEAR62
Participant ID Number						IDNO	IDNO
Line Number of Medication						LINE62	LINE62
Name of Medication						MEDNAM62	MEDNAM62
Prescription Dose						DOSE62	DOSE62
Frequency Taken						FREQ62	FREQ62
NDC Code - First 3 Digits						NDC162	NDC162
NDC Code - Last 7 Digits						NDC262	NDC262
Changed Dose						CHDOSE62	CHDOSE62
Changed Medication Name						CHMED62	CHMED62
Medication Class Code						CLCODE62	CLCODE62

OTC Medications Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR62	YEAR62	YEAR62	YEAR62	
Participant ID Number	IDNO	IDNO	IDNO	IDNO	
Line Number of Medication	LINE62	LINE62	LINE62	LINE62	
Name of Medication	MEDNAM62	MEDNAM62	MEDNAM62	MEDNAM62	
Prescription Dose	DOSE62	DOSE62	DOSE62	DOSE62	
Frequency Taken	FREQ62	FREQ62	FREQ62	FREQ62	
NDC Code - First 3 Digits	NDC162	NDC162	NDC162	NDC162	
NDC Code - Last 7 Digits	NDC262	NDC262	NDC262	NDC262	
Changed Dose	CHDOSE62	CHDOSE62	CHDOSE62	CHDOSE62	
Changed Medication Name	CHMED62	CHMED62	CHMED62	CHMED62	
Medication Class Code	CLCODE62	CLCODE62	CLCODE62	CLCODE62	

Calculated Variables

MEDICATIONS VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Any ace inhibitor	ANYACE	ANYACE	ANYACE	ANYACE	ANYACE	ANYACE	ANYACE
Any beta blocker	ANYBETA	ANYBETA	ANYBETA	ANYBETA	ANYBETA	ANYBETA	ANYBETA
Any calcium channel blocker	(CCB06)	(CCB06)	(CCB06)	(CCB06)	(CCB06)	(CCB06)	(CCB06)
Any diuretic	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR
Any hypertensive medication	HTNMED06	HTNMED06	HTNMED06	HTNMED06	HTNMED06	HTNMED06	HTNMED06
Any vaso dilator	ANYVASO	ANYVASO	ANYVASO	ANYVASO	ANYVASO	ANYVASO	ANYVASO
Aspirin use > 2 days in 2 weeks	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN

MEDICATIONS VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Any ace inhibitor	ANYACE	ANYACE	ANYACE	ANYACE	
Any beta blocker	ANYBETA	ANYBETA	ANYBETA	ANYBETA	
Any calcium channel blocker	(CCB06)	(CCB06)	(CCB06)	(CCB06)	
Any diuretic	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR	
Any hypertensive medication	HTNMED06	HTNMED06	HTNMED06	HTNMED06	
Any vaso dilator	ANYVASO	ANYVASO	ANYVASO	ANYVASO	
Aspirin use > 2 days in 2 weeks	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN	

Spirometry*
(Record 11)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE11						
ID Number	IDNO						
Interviewer	TECHID11						
Did you take any pills or inhalers for breathing problems during the last 24 hours?	BMEDIN11						
Which pills or inhaler? (check 1-3 choices)	BMED111 BMED211 BMED311						
Did you take a beta blocker pill for high blood pressure or heart trouble during the last 24 hours?	BETAIN11						
Which beta blocker? (check one)	BETA11						
Did you smoke a cigarette, pipe, or cigar during the last hour?	SMKHR11						
Did you have any coffee, tea, cola or other caffeine containing drinks in the past 4 hours?	CAFFHR11						
Have you had a respiratory infection in the past 3 weeks? (e.g. a cold, flu, bronchitis, or pneumonia)	RSPINF11						

*Baseline only

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Pulmonary Function Form
(Record 18)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	VISDAT18					VISDAT18	
Participant ID	IDNO					IDNO	
FVC	FVC18					FVC18	
FEV1	FEV118					FEV118	
(FEV1/FVC)	RATIO18					RATIO18	
FVC Percent Predicted	FVCPCT18					FVCPCT18	
FEV1 Percent Predicted	FEVPCT18					FEVPCT18	
(FEV1/FVC) Percent Predicted	RATPCT18					RATPCT18	
FVC Predicted Value	FVCPRD18					FVCPRD18	
FEV1 Predicted Value	FEVPRD18					FEVPRD18	
(FEV1/FVC) Predicted Value	RATPRD18					RATPRD18	
Tech ID	TECH18					TECH18	
Total number of FVC Maneuvers	TOTAL18					TOTAL18	
FVC Maneuvers w/ >slow= type error	SLOW18					SLOW18	
FVC Maneuvers w/ >blast= type error	BLAST18					BLAST18	
FVC Maneuvers w/ >short= type error	SHORT18					SHORT18	
FVC Maneuvers w/ >peak= type error	PEAK18					PEAK18	
FVC Maneuvers w/ >FVC= type error	FVCERR18					FVCERR18	

Pulmonary Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		VISDAT18			
Participant ID		IDNO			
FVC		FVC18			
FEV1		FEV118			
(FEV1/FVC)		RATIO18			
FVC Percent Predicted		FVCPCT18			
FEV1 Percent Predicted		FEVPCT18			
(FEV1/FVC) Percent Predicted		RATPCT18			
FVC Predicted Value		FVCPRD18			
FEV1 Predicted Value		FEVPRD18			
(FEV1/FVC) Predicted Value		RATPRD18			
Tech ID		TECH18			
Total number of FVC Maneuvers		TOTAL18			
FVC Maneuvers w/ >slow= type error		SLOW18			
FVC Maneuvers w/ >blast= type error		BLAST18			
FVC Maneuvers w/ >short= type error		SHORT18			
FVC Maneuvers w/ >peak= type error		PEAK18			
FVC Maneuvers w/ >FVC= type error		FVCERR18			

Pulmonary Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Number of good FVC maneuvers	GOOD18					GOOD18	
Computer-selected best maneuver	CBEST18					CBEST18	
QC Supervisor-selected best maneuver	QCBEST18					QCBEST18	
Computer=s flow grade	CFLOW18					CFLOW18	
Computer=s volume grade	CVOL18					CVOL18	
QC Supervisor=s flow grade	QCFLOW18					QCFLOW18	
QC Supervisor=s volume grade	QCVOL18					QCVOL18	
Year of study	YEAR18					YEAR18	
Slow VC	SVC18					SVC18	
Neck circumference	NECKCM18					NECKCM18	
Height in inches							
Weight in pounds							
Predicted PEF							
Predicted FEF 25-75							
Standing (y/n)							
Number matching							
Best PEF							
Best time (FET)							

Pulmonary Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Number of good FVC maneuvers		GOOD18			
Computer-selected best maneuver		CBEST18			
QC Supervisor-selected best maneuver		QCBEST18			
Computer=s flow grade		CFLOW18			
Computer=s volume grade		CVOL18			
QC Supervisor=s flow grade		QCFLOW18			
QC Supervisor=s volume grade		QCVOL18			
Year of study		YEAR18			
Slow VC		SVC18			
Neck circumference		NECKCM18			
Height in inches		HEIGHT18			
Weight in pounds		WEIGHT18			
Predicted PEF		PEFPRD18			
Predicted FEF 25-75		FEFPRD18			
Standing (y/n)		STAND18			
Number matching		MATCH18			
Best PEF		PEFBES18			
Best time (FET)		FETBES18			

Pulmonary Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Back Extrapolation (BEV)							
Ending Volume in Last 2 Sec. (EOTV)							

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Back Extrapolation (BEV)		BEV18			
Ending Volume in Last 2 Sec. (EOTV)		EOTV18			

Calculated Variables

PULMONARY VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Lung Capacity Category	NORMFEV1*				NORMFEV1*		

* NORMFEV1 = 0 if FEV118 ≥ 80% and NORMFEV1 = 1 if FEV118 < 80%.

Sleep and Asthma Questionnaire
(Record 56)*

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date selection variable						YEAR56	
Participant ID number						IDNO	
Key entry date						KDATE56	
Version of form						VERS56	
Year in study						YEAR56	
Key entry ID number						KEYID56	
Usually have trouble falling asleep?						TRBLSL56	
During the past month, used sleeping pills to help you fall asleep?						SLPILL56	
Often drink wine /beer before sleeping?						DRINK56	
During the past year, ever snored while asleep/ falling asleep? (Or others told you that you snored?) (if yes) About how often did you snore? How loud have others said your snoring is?						SNORE56 SNOFTN56 SNLOUD56	
During the past year, ever snorted or gasped while asleep/ falling asleep? (Or others said you snorted or gasped?)						SNORT56	
During the past year, ever stopped breathing for a moment while asleep/falling asleep? (Or others said you stopped breathing?) (if yes)About how often did this occur?						STBRTH56 STOFTN56	

* Administered only at Year 6.
** Many of these variables are present for other years under Medical History.

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Often wake up several times a night? (if yes) Most frequent reasons? to go to the bathroom (to urinate) trouble breathing chest tightness or pain arthritis pain coughing snoring noise leg cramps other specify						WAKE56 WKBATH56 WKTRBR56 WKCHST56 WKARTH56 WKCGH56 WKSNOR56 WKNOIS56 WKLEG56 WKOTH56 WKSPEC56	
How often, if ever, awakened suddenly with feeling of gasping/ choking or shortness of breath?						GSPCHK56	
How likely are you to doze off/ fall asleep in following situations (rather than just feeling tired)? Sitting and reading Watching TV Sitting inactive in a public place Passenger in a car at least an hour Lying down to rest in the afternoon Sitting and talking to someone Sitting quietly after a lunch w/o alcohol In a car, stopped for a few minutes in traffic						DZREAD56 DZTV56 DZPUBL56 DZCAR56 DZREST56 DZTALK56 DZLNCH56 DZTRAF56	
Often feel groggy & unrefreshed for more than half an hour after waking up in the morning?						GROGGY56	
Are you usually sleepy in the daytime?						SLPDAY56	

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Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Had to sleep on >2 pillows to help you breathe any time in the past 12 months?						PILLOW56	
Do you usually have a cough? (if yes) Usually cough as much as 4-6 times a day,4 or more days of the week? Usually cough when you get up or first thing in the morning? Usually cough at all during the rest of the day or at night? Usually cough on most days for 3 consecutive months or more during the year? How many years had this cough?						COUGH56 CGH4656 CGHMRN56 CGHDAY56 CGHMST56 CHGYRS56	
Usually bring up phlegm from your chest? (if yes) Do you usually bring up phlegm as much as 4-6 times a day, four or more days of the week? Do you usually bring up phlegm at all when you get up or first thing in the morning? Do you usually bring up phlegm at all during the rest of the day or at night? Do you usually bring up phlegm on most days for three consecutive months or more during the year? For how many years have you brought up phlegm?						PHLEGM56 PHL4656 PHLMRN56 PHLDAY56 PHLMST56 PHLYRS56	
Do you ever have trouble with your breathing? (if yes) How often have this trouble?						TRBLBR56 TRBWHN56	

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Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Had wheezing or whistling in chest at any time during the last 12 months? (if yes) Have you felt chest tightness or been breathless when the wheezing noise was present? How frequently have you had these symptoms? Were these breathing symptoms brought on or made worse by exposure to any of the following: Colds, sore throats, or flu Exercise or exertion Dust, smoke, or fumes Contact with animals, plants or pollens Lying down flat or sleeping Are these symptoms worse during a particular season of the year? (if yes, which season?) Did a doctor ever tell you that these symptoms were due to heart trouble? Did a doctor ever tell you that these symptoms were due to asthma?						WHEEZ56 WHZCH56 WHZFRQ56 WHCOLD56 WHEXER56 WHDUST56 WHCONT56 WHFLAT56 WHSEAS56 SEASON56 WHHRT56 WHASTH56	
Have you ever had asthma? (if yes) Do you still have it? Was it confirmed by a doctor? How old were you when you had the first episode? If you no longer have it, at what age did it stop?						ASTHMA56 ASSTIL56 ASDR56 ASLAST56 ASSTOP56	

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
When near animals or feather pillows, quilts, or comforters, do you ever: Start to cough Start to wheeze Feel chest tightness Start to feel short of breath Get a runny or stuffy nose Start to sneeze Get itchy or watery eyes						ANCGH56 ANWHZ56 ANCHST56 ANSHBR56 ANNOSE56 ANSNZ56 ANEYES56	
Ever worked in a job that exposed you to vapors, gas, dust, or fumes?						VAPOR56	
Have you ever had to change or leave a job because it affected your breathing?						CHJOB56	
Other than colds, have you ever had hay fever or any other allergy that made your nose runny or stuffy? (if yes) During the past 12 months, how much were you bothered by it? Did you take medication for it?						HAYFEV56 HFBOTH56 HFMED56	
Have you had allergy shots at any time in your life?						ALSHOT56	
Any relatives known to have asthma? (if yes)Natural father ever have asthma? Natural mother ever have asthma?						RELAS56 FATHAS56 MOTHAS56	
Have any respiratory trouble before age 16?						RESP1656	
Do you get short of breath with strenuous physical activity? (if yes) How short of breath do you feel during this activity?						SBSTRN56 HWSTRN56	

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Do you get short of breath with moderate physical activity? (if yes) How short of breath do you feel during this activity?						SBMOD56 HWMOD56	
Do you get short of breath with light physical activity? (if yes) How short of breath do you feel during this activity?						SBLGHT56 HWLGHT56	
Do you get short of breath walking quickly or up a slight hill? (if yes) How short of breath do you feel during this activity?						SBWKQ56 HWWKQ56	
Do you get short of breath walking on level ground at your own pace? (if yes) How short of breath do you feel during this activity?						SBWKLV56 HWLKLV56	
Get short of breath resting in a chair?						SBCHR56	
Do you own a dog or cat that stayed inside your house during the last year?						DOGCAT56	
Bedroom have wall-to-wall carpeting?						WWCARP56	
Ever use oxygen therapy at home?						OXYGN56	
Interviewer ID number						INTID56	
Interview date						INTDAT56	

Six-Minute Walk/Oximetry
(Record 69)*

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		DATE69			
CHS Exam Year		YEAR69			

Marquette ECG Alert?
   Ventricular Fibrillation
   Acute Injury
   Acute Ischemia
   Acute Myocardial Infarction
   Other ACUTE Condition
		ECGAL69
		VFIB69
		ACINJ69
		ACISCH69
		ACMI69
		ACOTH69			

Does participant use ambulatory aid?		AMBUL69			
Identified as having severe aortic stenosis by echo at Year 7?		AORSTN69			
60-second heart rate less than or greater than 110?		HRATE69			
Either reading of seated systolic BP greater than 200 or seated diastolic BP greater than 110?		BP69			
Heart attack, angioplasty or heart surgery in past 3 months?		HEART69			
New or worsening symptoms of chest pain, shortness of breath or fainting in past eight weeks?		CHPAIN69			
SpO$_2$ less then 90%		SPLT9069			
Baseline SpO$_2$ (from Oximeter)		BLSP0269			
Baseline Pulse (from Oximeter)		BLPULS69			

* Administered for first time in Year 9

Six-Minute Walk/Oximetry (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Baseline Dyspnea Scale		BLDYS69			
Excluded from procedure due to criteria		EXCL69			

Start Time
    Hour
    Minute
    AM/PM
		
		STHR69
		STMIN69
		STAP69			

Six-minute walk completed		COMPL69			
Reason walk incomplete or not done Specify why stopped or other reason		RSNNOT69 RSNSPC69			

End Time
    Hour
    Minute
    AM/PM
		
		ENDHR69
		ENDMIN69
		ENDAP69			

Number of laps completed
    Laps
    Feet
		
		LAPS69
		FEET69			

Total distance walked		TOTDST69			
Exercise SpO$_2$ (from Oximeter)		EXSPO269			
Exercise Pulse (from Oximeter)		EXPULS69			
Exercise Dyspnea Scale		EXDYSP69			

Currently experiencing any:
    Chest Pain
    Light-headedness
    Leg Pain
    Other symptoms
        Specify
		
		CHSTPN69
		LTHEAD69
		LEGPN69
		OTHSYM69
		SYMSPC69			

Oximetry Data
(Record 75)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		YEAR75			
Distance Walked		DIST75			
Low Value for Oxygen High Value for Oxygen		O2LOW75 O2HIGH75			
Low Value for Heart Rate High Value for Heart Rate		HRTLOW75 HRTHI75			
Minutes Walked Seconds Walked		MINS75 SECS75			
Percent Good		GOOD75			
Grade		GRADE75			
Date of Walk Technician ID		DATE75 TECHID75			

Phlebotomy Form
(Record 12)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE12			DATE12	DATE12	YEAR12	YEAR12
Participant ID	IDNO			IDNO	IDNO	IDNO	IDNO
Phlebotomist ID	PHLBID12			PHLBID12	PHLBID12	PHLBID12	PHLBID12
Blood ID Number	BLDID12						
Has this participant been selected as a quality control subject?	QULCTL12			QULCTL12	QULCTL12	QULCTL12	QULCTL12
Quality Control ID Number:	QCBLID12			QCBLID12	QCBLID12	QCBLID12	QCBLID12
Do you bleed or bruise easily	BLEED12			BLEED12	BLEED12	BLEED12	BLEED12
Ever been told you have a disorder related to blood clotting or coagulation?	CLOT12			CLOT12	CLOT12	CLOT12	CLOT12
Have you ever experienced fainting spells while having blood drawn?	FAINT12			FAINT12	FAINT12	FAINT12	FAINT12
Was any blood drawn? Specify other reason not done	DRDONE12 SPCNOT12			DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12
Hours since eaten (see also record 14)	FAST30	TIMEAT14	TIMEAT14	TIMATE12 TIMEAT14	TIMATE12 TIMEAT14	TIMATE12 TIMEAT14	TIMATE12 TIMEAT14
Location of blood drawn	VISLOC12						
Do you have diabetes?	DIABET12*						
Do you take insulin?	INSUL12						
Are you fasting?	FAST12*						
Is this participant taking the Glucose Tolerance Test?	GLUC12						

* Diabetes and fasting status are also in Baseline Reception (Record 30).

Question	Year 8**	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	DATE12	DATE12	DATE12	DATE12	
Participant ID	IDNO	IDNO	IDNO	IDNO	
Phlebotomist ID	PHLBID12	PHLBID12	PHLBID12	PHLBID12	
Blood ID Number					
Has this participant been selected as a quality control subject?	QULCTL12	QULCTL12	QULCTL12	QULCTL12	
Quality Control ID Number:	QCBLID12	QCBLID12	QCBLID12	QCBLID12	
Do you bleed or bruise easily	BLEED12	BLEED12	BLEED12	BLEED12	
Ever been told you have a disorder related to blood clotting or coagulation?	CLOT12	CLOT12	CLOT12	CLOT12	
Have you ever experienced fainting spells while having blood drawn?	FAINT12	FAINT12	FAINT12	FAINT12	
Was any blood drawn? Specify other reason not done	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	
Hrs since eaten	TIMATE12	TIMATE12 TIMEAT14	TIMEAT14	TIMATE12 TIMEAT14	
Location of blood drawn					
Do you have diabetes?		DIABET12	DIABET12	DIABET12	
Do you take insulin?					
Are you fasting?					
Is this participant taking the Glucose Tolerance Test?					

** Year 8 blood data was only collected at Hopkins.

Phlebotomy Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Was the glucose tolerance test done? If NO why not? If other, specify							

Time Glucose Administered
    Hour
    Minute
    AM/PM							

Time Glucose tolerance blood draw
    Hour
    Minute
    AM/PM							

Were cells collected for DNA?							

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Was the glucose tolerance test done? If NO why not? If other, specify		GLUC12 NOGLUC12 NOGSPC12			

Time Glucose Administered
    Hour
    Minute
    AM/PM
		ASMHR12
		ADMMIN12
		ADMAP12			

Time Glucose tolerance blood draw
    Hour
    Minute
    AM/PM
		DRHR12
		DRMIN12
		DRAP12			

Were cells collected for DNA?				CELL12	

Hematology Form
(Record 23)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KDATE23			KDATE23	KDATE23		
Participant IDNO	IDNO			IDNO	IDNO		
Blood ID Number	BLDID23			BLDID23	BLDID23		
Key Entry ID Number	KEYID23			KEYID23	KEYID23		
White Blood Count	WBLD23			WBLD23	WBLD23		
Hemoglobin	HEMOGL23			HEMOGL23	HEMOGL23		
Hematocrit	HEMATO23			HEMATO23	HEMATO23		
Platelet Count (in thousands)	PLATE23			PLATE23	PLATE23		

Blood Data
(Record 44)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	YEAR44			YEAR44	YEAR44	YEAR44	YEAR44
Blood ID Number	BLDID44			BLDID44	BLDID44	BLDID44	BLDID44
Fibrinogen Fibrinogen Test Date	FIB44 FDATE44			FIB44 FDATE44	FIB44 FDATE44		
<u>Factor</u> Factor VII Factor VII Test Date Factor VIII Factor VIII Test Date	F744 DATE744 F844 DATE844			F744 DATE744	F744 DATE744		
Test date for all chem & lipids	CDATE44			CDATE44	CDATE44	CDATE44	CDATE44
Cholesterol	CHOL44			CHOL44	CHOL44	CHOL44	CHOL44
Triglyceride	TRIG44			TRIG44	TRIG44		
HDL	HDL44			HDL44	HDL44		
Calculated LDL	LDL44			LDL44	LDL44		
Insulin 2 Hr Insulin	INS44 INS244			INS44	INS44		
Glucose 2 Hr Glucose	GLU44 GLU244			GLU44	GLU44		
Albumin	ALB44			ALB44	ALB44		
Potassium	K44			K44	K44		

Question	Year 8*	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR44	YEAR44	YEAR44	YEAR44	
Blood ID Number					
Fibrinogen Fibrinogen Test Date					
Factor Factor VII Factor VII Test Date Factor VIII Factor VIII Test Date					
Test date for all chem & lipids	CDATE44	CDATE44	CDATE44	CDATE44	
Cholesterol	CHOL44	CHOL44	CHOL44	CHOL44	
Triglyceride					
HDL					
Calculated LDL					
Insulin 2 Hr Insulin					
Glucose 2 Hr Glucose		GLU44 GLU244			
Albumin		ALB44			
Potassium					

Blood Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Uric Acid	URIC44			URIC44	URIC44		
Creatinine	CRE44			CRE44	CRE44		
CK determinations	CK44						
CBAL Lab ID Number	LABID44						
Lpa Test date for Lpa	LPA44 LDATE44						
C-reactive Protein	CRP						

Question	Year 8*	Year 9	Year 10	Year 11	Year 12
Uric Acid					
Creatinine		CRE44			
CK determinations					
CBAL Lab ID Number					
Lpa Test date for Lpa					
C-reactive Protein					

* Variables collected at Hopkins only.

Calculated Variables

BLOOD LAB VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Adjusted cholesterol (Adjusted for drift)	CHOLADJ			CHOLADJ	CHOLADJ		
Adjusted LDL cholesterol (Adjusted for drift)	LDLADJ			LDLADJ	LDLADJ		
Adjusted creatinine (Adjusted for drift)	CREADJ			CREADJ	CREADJ		
Adjusted albumin (Adjusted for drift)	ALBADJ			ALBADJ	ALBADJ		

BLOOD LAB VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Adjusted cholesterol (Adjusted for drift)		CHOLADJ			
Adjusted LDL cholesterol (Adjusted for drift)					
Adjusted creatinine (Adjusted for drift)		CREADJ			
Adjusted albumin (Adjusted for drift)		ALBADJ			

* Laboratory methods changed in the 3 years between BL and YR 5. Cholesterol was measured using a "gold-standard" technique; adjustments were made accordingly.

Spot Urine Collection
(Record 71)*

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		DATE71			
Was urine sample collected?		SAMPLE71			

What time was collection taken?
    Hour
    Minute
    AM/PM
		TAKEHR71
		TAKEMN71
		TAKEAP71			

Time of last urination (prior to collection)
    Hour
    Minute
    AM/PM
		LASTHR71
		LASTMN71
		LASTAP71			

Urine collected relative to glucola		COLGLU71			
Why urine sample not taken? Other reason, specify		WHYNOT71 WHYSPC71			
Participant selected for quality control?		QC71			
Quality Control ID number		QCID71			

* First administered in Year 9

Spot Urine Data
(Record 72)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		YEAR72			
Microalubumen (mg/g creatinine)		UAB72			
Microalbumen (mg/dL)		UALB72			
Creatinine (mg/dL)		UCRR72			
Leukocytes		LEUK72			
pH Level		PH72			
Protein		PROT72			
Glucose		GLUC72			
Ketones		KET72			
Blood		BLOOD72			
Date of Urine Assay Transmission Date CBAL Lab ID		URDATE72 TRDATE72 CBALID72			

Anthropometry Form
(Records 13, 21, 33)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE13	DATE33	DATE33	DATE13	DATE13	YEAR33	YEAR33
Participant ID	IDNO			IDNO	IDNO		
Standing height (cm)	STHT13			STHT13	STHT13		
Adjusted sitting height (cm)	SITHT13				SITHT13		
Weight (lbs)	WEIGHT13	WEIGHT33	WEIGHT33	WEIGHT13	WEIGHT13	WEIGHT33	WEIGHT33
Hip circumference (cm)	HIP13			HIP13	HIP13		
Waist circumference	WAIST13			WAIST13	WAIST13		
Heel-to-Knee Length	HKLEN21				HKLEN21		
Bioelectric Impedance:							
Resistance	BIORES21				BIORES21		
Reactance	BIOREA21				BIOREA21		
Technician ID	TECHID13	TCHID133	TCHID133	TECHID13	TECHID13	TCHID133	TCHID133

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Anthropometry Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR33	DATE13	DATE33	DATE13	
Participant ID		IDNO		INDO	
Standing height (cm)		STHT13			
Adjusted sitting height (cm)					
Weight (lbs)	WEIGHT33	WEIGHT13	WEIGHT33	WEIGHT13	
Hip circumference (cm)					
Waist circumference		WAIST13		WAIST13	
Arm Span		ARMSP13			

How tall as a young adult,
    Feet
    Inches
		YNGFT13
		YNGIN13			

Heel-to-Knee Length					
Bioelectric Impedance:					
Resistance					
Reactance					
Comments Specify		CMMENT13 CSPEC13		CMMENT13 CSPEC13	
Technician ID	TCHID133	TECHID13		TECHID13	

Calculated Variables

ANTHROPOMETRY VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Body mass index	BMI			BMI	BMI		
Obesity > 120% ideal	OVRWT120			OVRWT120	OVRWT120		
Obesity > 130% ideal	OVRWT130			OVRWT130	OVRWT130		
Body Surface Area	BSA*						

ANTHROPOMETRY VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Body mass index		BMI			
Obesity > 120% ideal		OVRWT120			
Obesity > 130% ideal		OVRWT130			
Body Surface Area					

*BSA has been computed using the following formula: $BSA = 0.0071*EXP(0.725*LN(STHT13))*EXP(0.425*LN(WEIGHT13*0.4536))$.

Seated Blood Pressure Form
(Record 14)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE14	DATE14	DATE14	DATE14	DATE14	YEAR14	YEAR14
<u>Time of day</u> Hour		HOURS14	HOURS14	HOURS14	HOURS14	HOURS14	HOURS14
Minute		MINUTE14	MINUTE14	MINUTE14	MINUTE14	MINUTE14	MINUTE14
Hours since last meal:	FAST30	TIMEAT14	TIMEAT14	TIMEAT14	TIMEAT14	TIMEAT14	TIMEAT14
Cuff Size	CUFF14	CUFF14	CUFF14	CUFF14	CUFF14	CUFF14	CUFF14
<u>Pulse Obliteration Pressure</u>							
Palpated systolic	PSYSTO14	PSYSTO14	PSYSTO14	PSYSTO14	PSYSTO14	PSYSTO14	PSYSTO14
Maximum zero level	ZERO14	ZERO14					
Maximal inflation level	INFLAT14	INFLAT14	INFLAT14	INFLAT14	INFLAT14	INFLAT14	INFLAT14
<u>30 Second Heart rate</u>	BEAT14	BEAT14	BEAT14	BEAT14	BEAT14	BEAT14	BEAT14
<u>Seated Readings</u> - Zero Muddler B.P.							
1st systolic reading	SYS114	SYS114					
1st diastolic reading	DIA114	DIA114					
1st zero systolic	SYS0114	SYS0114					
corrected systolic	SYSC114	SYSC114					
corrected diastolic	DIAC114	DIAC114					
2nd systolic reading	SYS214	SYS214					
2nd diastolic reading	DIA214	DIA214					
2nd zero systolic	SYS0214	SYS0214					
corrected systolic	SYSC214	SYSC214					
corrected diastolic	DIAC214	DIAC214					
<u>Standard Blood Pressure</u>							
1st standard systolic reading		STSYS114	STSYS114	STSYS114	STSYS114	STSYS114	STSYS114
1st standard diastolic reading		STDIA114	STDIA114	STDIA114	STDIA114	STDIA114	STDIA114
2nd standard systolic reading			STSYS214	STSYS214	STSYS214	STSYS214	STSYS214
2nd standard diastolic reading			STDIA214	STDIA214	STDIA214	STDIA214	STDIA214
Technician ID	TECHID14	TECHID14	TECHID14	TECHID14	TECHID14	TECHID14	TECHID14

Seated Blood Pressure Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		DATE14	DATE14	DATE14	

Time of day   Hour
                 Minute
Hours since last meal:
Cuff Size
Pulse Obliteration Pressure
 Palpated systolic
 Maximum zero level
 Maximal inflation level
30 Second Heart rate
Seated Readings - Zero Muddler B.P.
  1st systolic reading
  1st diastolic reading
  1st zero systolic
  corrected systolic
  corrected diastolic
 	
  2nd systolic reading
  2nd diastolic reading
  2nd zero systolic
  corrected systolic
  corrected diastolic
		HOURS14
		MINUTE14
		TIMEAT14
		CUFF14
		
		PSYSTO14
		
		INFLAT14
		BEAT14
			HOURS14
			MINUTE14
			TIMEAT14
			CUFF14
			
			PSYSTO14
			
			INFLAT14
			BEAT14
				HOURS14
				MINUTE14
				TIMEAT14
				CUFF14
				
				PSYSTO14
				
				INFLAT14
				BEAT14	

Standard Blood Pressure
  1st standard systolic reading
  1st standard diastolic reading
  2nd standard systolic reading
  2nd standard diastolic reading
Technician ID
		STSYS114
		STDIA114
		STSYS214
		STDIA214
		TECHID14
			STSYS114
			STDIA114
			STSYS214
			STDIA214
			TECHID14
				STSYS114
				STDIA114
				STSYS214
				STDIA214
				TECHID14	

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Supine Ankle-Arm Blood Pressure Form
(Record 15)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE15			DATE15	DATE15		
Participant ID	IDNO			IDNO	IDNO		
Pulse Obliteration Pressure Palpated systolic Maximal inflation level (palpated systolic + 30)	PALP15 MAXINF15			PALP15 MAXINF15	PALP15 MAXINF15		
First Systolic Readings Right brachial Right posterior tibial Left posterior tibial	BRACH115 RTIB115 LTIB115			BRACH115 RTIB115 LTIB115	BRACH115 RTIB115 LTIB115		
Second Systolic Readings Right brachial Right posterior tibial Left posterior tibial	BRACH215 RTIB215 LTIB215			BRACH215 RTIB215 LTIB215	BRACH215 RTIB215 LTIB215		
Procedure completed?				PROCMP15	PROCMP15		

<u>Why not completed</u> (right OR left leg)
Right leg: unable to occlude
    ulceration
    amputation
    can't locate artery
    other
        specify other
Left leg: unable to occlude
    ulceration
    amputation
    can't locate artery
    other
        specify other
				ROCCLU15
				RULCER14
				RAMPU15
				RULTA15
				ROTH15
				OTHSPC15
				LOCCLU15
				LULCER15
				LAMPU15
				LULTA15
				LOTH15
				OTHSPC15
					ROCCLU15
					RULCER14
					RAMPU15
					RULTA15
					ROTH15
					OTHSPC15
					LOCCLU15
					LULCER15
					LAMPU15
					LULTA15
					LOTH15
					OTHSPC15		

Technician ID	TECHID15			TECHID15	TECHID15		

Supine Ankle-Arm Blood Pressure Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable				DATE15	
Participant ID				IDNO	
Pulse Obliteration Pressure Palpated systolic Maximal inflation level (palpated systolic + 30)				PALP15 MAXINF15	
First Systolic Readings Right brachial Right posterior tibial Left posterior tibial				BRACH115 RTIB115 LTIB115	
Second Systolic Readings Right brachial Right posterior tibial Left posterior tibial				BRACH215 RTIB215 LTIB215	
Procedure completed?				PROCMP15	

<u>Reason not completed</u> (answered for
   either right OR left leg)
Right leg: unable to occlude
     ulceration
     amputation
     can't locate tibial artery
     other
      specify other
Left leg: unable to occlude
     ulceration
     amputation
     can't locate tibial artery
     other
      specify other
				ROCCLU15
				RULCER14
				RAMPU15
				RARTER15
				ROTH15
				OTHSPC15
				LOCCLU15
				LULCER15
				LAMPU15
				LARTER15
				LOTH15
				OTHSPC15	

Technician ID				TECHID15	

Orthostatic Blood Pressure and Heart Rate Measurements Form
(Record 16)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE16			DATE16	DATE16		
Participant ID	IDNO			IDNO	IDNO		
Pulse Obliteration Pressure Palpated systolic Maximal inflation level (palpated systolic + 30)	PALP16 MAXINF16			PALP16 MAXINF16	PALP16 MAXINF16		
Supine Reading Heart rate (30 second) Hour measurement taken Minute measurement taken AM or PM indicator Blood Pressure: Systolic Blood Pressure: Diastolic	SUPPUL16 HOUR116 MIN116 AMPM116 SUPSYS16 SUPDIA16			SUPPUL16 HOUR116 MIN116 AMPM116 SUPSYS16 SUPDIA16	SUPPUL16 HOUR116 MIN116 AMPM116 SUPSYS16 SUPDIA16		
Standing Reading **(after 3 minutes of standing)** Feel dizzy, lightheaded, or faint? Heart rate (30 second) Hour measurement taken Minute measurement taken AM or PM indicator Blood Pressure: Systolic Blood Pressure: Diastolic	DIZZY16 STDPUL16 HOUR316 MIN316 AMPM316 STDSYS16 STDDIA16			DIZZY16 STDPUL16 HOUR316 MIN316 AMPM316 STDSYS16 STDDIA16	DIZZY16 STDPUL16 HOUR316 MIN316 AMPM316 STDSYS16 STDDIA16		
Technician ID	TECHID16			TECHID16	TECHID16		

Calculated Variables

BLOOD PRESSURE VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Min ankle arm ratio	AAI			AAI	AAI		
Diastolic bp	AVZMDIA	AVZMDIA	AVEDIA	AVEDIA	AVEDIA	AVEDIA	AVEDIA
Systolic bp	AVZMSYS	AVZMSYS	AVESYS	AVESYS	AVESYS	AVESYS	AVESYS
Ave brach for AAI	BRACH			BRACH	BRACH		
Calc. HTN status	HYPER*	HYPER*	HYPER*	HYPER*	HYPER*	HYPER*	HYPER*
Calc. iso sys HTN	IHYPER**				IHYPER**		
Left Ankle-arm index	LTAAI			LTAAI	LTAAI		
Ave left tibial BP	LTIB			LTIB	LTIB		
Orthostatic hypotension	ORTH***				ORTH***		
Right ankle-arm index	RTAAI			RTAAI	RTAAI		
Ave. right tibial BP	RTIB			RTIB	RTIB		

*The calculated hypertension status variable is coded as follows: HYPER=0 if Normotenstive; HYPER=1 if Borderline Hyptertensive, defined by seated blood pressure average systolic = 140-159 mmHg OR seated blood pressure average diastolic = 90-94 mmHg; HYPER=2 if Hypertensive, defined by seated blood pressure average systolic   160 mmHg OR seated blood pressure average diastolic   95 mmHg OR hx of hypertension = Yes AND participant takes antihypertensive medication. Antihypertensive medications include Beta-blockers, Calcium-channel blockers, Diuretics, Vasodilators, Beta-blockers with Diuretics, Angiotensin converting enzyme inhibitors, Angiotensin converting enzyme with Diuretics, Vasodilators with Diuretics.

**The calculated isolated systolic hypertension variable is coded as follows: IHYPER=1 if Normotensive; IHYPER=2 if Borderline Isolated Systolic Hypertension, defined by systolic = 140-159 AND diastolic < 90; IHYPER=3 if Isolated Systolic Hypertension, defined by systolic   160 AND diastolic < 90; IHYPER=4 if Diastolic Hypertension, defined by diastolic   90.

***Orthostatic hypotension is the change in systolic blood pressure between the supine and standing positions. ORTH=0 if Normal; ORTH=1 if Abnormal, defined by a drop in systolic bp > 20 mmHg OR a drop in diastolic bp > 10 mmHg OR if standing procedures were not performed due to patient dizziness.

Calculated Variables (cont.)

BLOOD PRESSURE VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Min ankle arm ratio				AAI	
Diastolic bp		AVEDIA	AVEDIA	AVEDIA	
Systolic bp		AVESYS	AVESYS	AVESYS	
Ave brach for AAI				BRACH	
Calc. HTN status		HYPER	HYPER	HYPER	
Calc. iso sys HTN			IHYPER		
Left Ankle-arm index				LTAAI	
Ave left tibial BP				LTIB	
Orthostatic hypotension					
Right ankle-arm index				RTAAI	
Ave. right tibial BP				RTIB	

Ultrasound Examination Report
(Record 20)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE20			DATE20	DATE20		
Results of (carotid) examination : done/incomplete/not done Reason test incomplete or not done other, specify Were any alert conditions noted? If yes, specify Was Doppler flow velocity 2.5m/s or greater?	COMPIN20 REASON20 RSSPEC20 ALRT20 ALSPEC20			COMPIN20 REASON20 RSSPEC20 ALRT20	COMPIN20 REASON20 RSSPEC20 ALRT20		
Results of aortic examination (done/incomplete/not done) Reason test incomplete or not done Results/alerts				ACMPIN20 AREASN20 AALRT20	ACMPIN20 AREASN20 AALRT20		
Date of visit Year of study Carotid sonographer Aortic sonographer	DATE20 YEAR20			DATE20 YEAR20 CTECH20 ATECH20	DATE20 YEAR20 CTECH20 ATECH20		

Ultrasound Exam Report (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable				DATE20	
Results of (carotid) examination : done/incomplete/not done Reason test incomplete or not done other, specify Were any alert conditions noted? If yes, specify Was Doppler flow velocity 2.5m/s or greater?				COMPIN20 REASON20 RSSPEC20 ALRT20	
Results of aortic examination (done/incomplete/not done) Reason test incomplete or not done Results/alerts					
Date of visit Year of study Carotid sonographer Aortic sonographer				DATE20 YEAR20 CTECH20	

Ultrasound Reading Center Data
(Record 41 -- ULTRA Database)

These are ORIGINAL readings for each year. Baseline re-reads are in Rec 55. Data for **Year 11** are in Record 92.

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable (Scan Date)	SCDATE41			SCDATE41	SCDATE41		
Participant ID	IDNO			IDNO	IDNO		
Side #1 -- Right Percent Stenosis Lesion Surface Lesion Morphology Color Doppler Lesion Density P Wave (Pulsed Wave) C Wave (Continuous Wave)	PSTEN141 LSRFC141 LMRPH141 LOCAT141 LDENS141 PW141 CW141			PSTEN141 LSRFC141 LMRPH141 LOCAT141 LDENS141 PW141	PSTEN141 LSRFC141 LMRPH141 LOCAT141 LDENS141 PW141		
Side #2 -- Left Percent Stenosis Lesion Surface Lesion Morphology Color Doppler Lesion Density P Wave (Pulsed Wave) C Wave (Continuous Wave)	PSTEN241 LSRFC241 LMRPH241 LOCAT241 LDENS241 PW241 CW241			PSTEN241 LSRFC241 LMRPH241 LOCAT241 LDENS241 PW241	PSTEN241 LSRFC241 LMRPH241 LOCAT241 LDENS241 PW241		
Scan #1 -- Right Common Carotid Image Quality Line Drawn -- #1 Line Drawn -- #2 Line Drawn -- #3 Line Drawn -- #4 Line Drawn -- #5 Line Drawn -- #6 Vessel Maximum	IQUAL141 LD1141 LD1241 LD1341 LD1441 LD1541 LD1641 VMAX141			IQUAL141 LD1141 LD1241 LD1341 LD1441 LD1541 LD1641 VMAX141	IQUAL141 LD1141 LD1241 LD1341 LD1441 LD1541 LD1641 VMAX141		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Near Wall							
Near Wall Minimum	NMIN141			NMIN141	NMIN141		
Near Wall Mean	NMEAN141			NMEAN141	NMEAN141		
Near Wall Maximum	NMAX141			NMAX141	NMAX141		
Near Wall Standard Deviation	NSTDV141			NSTDV141	NSTDV141		
Far Wall							
Far Wall Minimum	FMIN141			FMIN141	FMIN141		
Far Wall Mean	FMEAN141			FMEAN141	FMEAN141		
Far Wall Maximum	FMAX141			FMAX141	FMAX141		
Far Wall Standard Deviation	FSTDV141			FSTDV141	FSTDV141		
Lumen Minimum	LUMIN141			LUMIN141	LUMIN141		
Lumen Maximum	LUMAX141			LUMAX141	LUMAX141		
Scan #2 -- Right Internal Carotid (Anterior View)							
Image Quality	IQUAL241			IQUAL241	IQUAL241		
Line Drawn -- #1	LD2141			LD2141	LD2141		
Line Drawn -- #2	LD2241			LD2241	LD2241		
Line Drawn -- #3	LD2341			LD2341	LD2341		
Line Drawn -- #4	LD2441			LD2441	LD2441		
Line Drawn -- #5	LD2541			LD2541	LD2541		
Line Drawn -- #6	LD2641			LD2641	LD2641		
Vessel Maximum	VMAX241			VMAX241	VMAX241		
Near Wall							
Near Wall Minimum	NMIN241			NMIN241	NMIN241		
Near Wall Mean	NMEAN241			NMEAN241	NMEAN241		
Near Wall Maximum	NMAX241			NMAX241	NMAX241		
Near Wall Standard Deviation	NSTDV241			NSTDV241	NSTDV241		
Far Wall							
Far Wall Minimum	FMIN241			FMIN241	FMIN241		
Far Wall Mean	FMEAN241			FMEAN241	FMEAN241		
Far Wall Maximum	FMAX241			FMAX241	FMAX241		
Far Wall Standard Deviation	FSTDV241			FSTDV241	FSTDV241		

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Lumen Minimum Lumen Maximum	LUMIN241 LUMAX241			LUMIN241 LUMAX241	LUMIN241 LUMAX241		
Scan #3 -- Right Internal Carotid (Lateral View) Image Quality Line Drawn -- #1 Line Drawn -- #2 Line Drawn -- #3 Line Drawn -- #4 Line Drawn -- #5 Line Drawn -- #6 Vessel Maximum	IQUAL341 LD3141 LD3241 LD3341 LD3441 LD3541 LD3641 VMAX341			IQUAL341 LD3141 LD3241 LD3341 LD3441 LD3541 LD3641 VMAX341	IQUAL341 LD3141 LD3241 LD3341 LD3441 LD3541 LD3641 VMAX341		
Near Wall Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation *Far Wall* Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation	NMIN341 NMEAN341 NMAX341 NSTDV341 FMIN341 FMEAN341 FMAX341 FSTDV341			NMIN341 NMEAN341 NMAX341 NSTDV341 FMIN341 FMEAN341 FMAX341 FSTDV341	NMIN341 NMEAN341 NMAX341 NSTDV341 FMIN341 FMEAN341 FMAX341 FSTDV341		
Lumen Minimum Lumen Maximum	LUMIN341 LUMAX341			LUMIN341 LUMAX341	LUMIN341 LUMAX341		

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Scan #4 -- Right Internal Carotid (Posterior View)							
Image Quality	IQUAL441			IQUAL441	IQUAL441		
Line Drawn -- #1	LD4141			LD4141	LD4141		
Line Drawn -- #2	LD4241			LD4241	LD4241		
Line Drawn -- #3	LD4341			LD4341	LD4341		
Line Drawn -- #4	LD4441			LD4441	LD4441		
Line Drawn -- #5	LD4541			LD4541	LD4541		
Line Drawn -- #6	LD4641			LD4641	LD4641		
Vessel Maximum	VMAX441			VMAX441	VMAX441		
Near Wall							
Near Wall Minimum	NMIN441			NMIN441	NMIN441		
Near Wall Mean	NMEAN441			NMEAN441	NMEAN441		
Near Wall Maximum	NMAX441			NMAX441	NMAX441		
Near Wall Standard Deviation	NSTDV441			NSTDV441	NSTDV441		
Far Wall							
Far Wall Minimum	FMIN441			FMIN441	FMIN441		
Far Wall Mean	FMEAN441			FMEAN441	FMEAN441		
Far Wall Maximum	FMAX441			FMAX441	FMAX441		
Far Wall Standard Deviation	FSTDV441			FSTDV441	FSTDV441		
Lumen Minimum	LUMIN441			LUMIN441	LUMIN441		
Lumen Maximum	LUMAX441			LUMAX441	LUMAX441		
Scan #5 -- Left Common Carotid							
Image Quality	IQUAL541			IQUAL541	IQUAL541		
Line Drawn -- #1	LD5141			LD5141	LD5141		
Line Drawn -- #2	LD5241			LD5241	LD5241		
Line Drawn -- #3	LD5341			LD5341	LD5341		
Line Drawn -- #4	LD5441			LD5441	LD5441		
Line Drawn -- #5	LD5541			LD5541	LD5541		
Line Drawn -- #6	LD5641			LD5641	LD5641		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Near Wall							
Near Wall Minimum	NMIN541			NMIN541	NMIN541		
Near Wall Mean	NMEAN541			NMEAN541	NMEAN541		
Near Wall Maximum	NMAX541			NMAX541	NMAX541		
Near Wall Standard Deviation	NSTDV541			NSTDV541	NSTDV541		
Far Wall							
Far Wall Minimum	FMIN541			FMIN541	FMIN541		
Far Wall Mean	FMEAN541			FMEAN541	FMEAN541		
Far Wall Maximum	FMAX541			FMAX541	FMAX541		
Far Wall Standard Deviation	FSTDV541			FSTDV541	FSTDV541		
Lumen Minimum	LUMIN541			LUMIN541	LUMIN541		
Lumen Maximum	LUMAX541			LUMAX541	LUMAX541		
Scan #6 -- Left Internal Carotid (Anterior View)							
Image Quality	IQUAL641			IQUAL641	IQUAL641		
Line Drawn -- #1	LD6141			LD6141	LD6141		
Line Drawn -- #2	LD6241			LD6241	LD6241		
Line Drawn -- #3	LD6341			LD6341	LD6341		
Line Drawn -- #4	LD6441			LD6441	LD6441		
Line Drawn -- #5	LD6541			LD6541	LD6541		
Line Drawn -- #6	LD6641			LD6641	LD6641		
Vessel Maximum	VMAX641			VMAX641	VMAX641		
Near Wall							
Near Wall Minimum	NMIN641			NMIN641	NMIN641		
Near Wall Mean	NMEAN641			NMEAN641	NMEAN641		
Near Wall Maximum	NMAX641			NMAX641	NMAX641		
Near Wall Standard Deviation	NSTDV641			NSTDV641	NSTDV641		
Far Wall							
Far Wall Minimum	FMIN641			FMIN641	FMIN641		
Far Wall Mean	FMEAN641			FMEAN641	FMEAN641		
Far Wall Maximum	FMAX641			FMAX641	FMAX641		
Far Wall Standard Deviation	FSTDV641			FSTDV641	FSTDV641		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Lumen Minimum Lumen Maximum	LUMIN641 LUMAX641			LUMIN641 LUMAX641	LUMIN641 LUMAX641		
Scan #7 -- Left Internal Carotid (Lateral View) Image Quality Line Drawn -- #1 Line Drawn -- #2 Line Drawn -- #3 Line Drawn -- #4 Line Drawn -- #5 Line Drawn -- #6 Vessel Maximum	IQUAL741 LD7141 LD7241 LD7341 LD7441 LD7541 LD7641 VMAX741			IQUAL741 LD7141 LD7241 LD7341 LD7441 LD7541 LD7641 VMAX741	IQUAL741 LD7141 LD7241 LD7341 LD7441 LD7541 LD7641 VMAX741		
Near Wall Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation _Far Wall_ Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation	NMIN741 NMEAN741 NMAX741 NSTDV741 FMIN741 FMEAN741 FMAX741 FSTDV741			NMIN741 NMEAN741 NMAX741 NSTDV741 FMIN741 FMEAN741 FMAX741 FSTDV741	NMIN741 NMEAN741 NMAX741 NSTDV741 FMIN741 FMEAN741 FMAX741 FSTDV741		
Lumen Minimum Lumen Maximum	LUMIN741 LUMAX741			LUMIN741 LUMAX741	LUMIN741 LUMAX741		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Scan #8 -- Left Internal Carotid (Posterior View)							
Image Quality	IQUAL841			IQUAL841	IQUAL841		
Line Drawn -- #1	LD8141			LD8141	LD8141		
Line Drawn -- #2	LD8241			LD8241	LD8241		
Line Drawn -- #3	LD8341			LD8341	LD8341		
Line Drawn -- #4	LD8441			LD8441	LD8441		
Line Drawn -- #5	LD8541			LD8541	LD8541		
Line Drawn -- #6	LD8641			LD8641	LD8641		
Vessel Maximum	VMAX841			VMAX841	VMAX841		
Near Wall							
Near Wall Minimum	NMIN841			NMIN841	NMIN841		
Near Wall Mean	NMEAN841			NMEAN841	NMEAN841		
Near Wall Maximum	NMAX841			NMAX841	NMAX841		
Near Wall Standard Deviation	NSTDV841			NSTDV841	NSTDV841		
Far Wall							
Far Wall Minimum	FMIN841			FMIN841	FMIN841		
Far Wall Mean	FMEAN841			FMEAN841	FMEAN841		
Far Wall Maximum	FMAX841			FMAX841	FMAX841		
Far Wall Standard Deviation	FSTDV841			FSTDV841	FSTDV841		
Lumen Minimum	LUMIN841			LUMIN841	LUMIN841		
Lumen Maximum	LUMAX841			LUMAX841	LUMAX841		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Administrative Information							
SWS Software Version	SWSVER41			SWSVER41	SWSVER41		
RWS Software Version	RWSVER41			RWSVER41	RWSVER41		
Date Read at Reading Center	RDDATE41			RDDATE41	RDDATE41		
<not presently in use>	SRID41			SRID41	SRID41		
Sonographer ID	SONOGR41			SONOGR41	SONOGR41		
URC Reader ID	READID41			READID41	READID41		
Quality Control Composite Field (contains next 4 QC variables)	QC41			QC41	QC41		
Intra-reader Quality Control	INTRAQ41			INTRAQ41	INTRAQ41		
Inter-reader Quality Control	INTERQ41			INTERQ41	INTERQ41		
PI Review	PIREV41			PIREV41	PIREV41		
Quality Control Check	QCCHK41			QCCHK41	QCCHK41		

Ultrasound Reading Center Data
(Record 92 -- ULTRA Database)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable (Scan Date)				SCDATE92	
Participant ID				IDNO	
Side #1 -- Right Percent Stenosis Lesion Surface Lesion Morphology Lesion Density Color Doppler				PSTEN192 LSRFC192 LMRPH192 LDENS192 LOCAT192	
Side #2 -- Left Percent Stenosis Lesion Surface Lesion Morphology Lesion Density Color Doppler				PSTEN292 LSRFC292 LMRPH292 LDENS292 LOCAT292	
Doppler Greater than 2.5 m/s P wave, Right Side P wave, Left Side				ALERT92 DOPPL192 DOPPL292	
Scan #1 -- Right Common Carotid Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL192 IQUAL192 LINES192 VMAX192 VMIN192 VMEAN192 VSTDV192	

Record 92 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Near Wall Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation ***Far Wall*** Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN192 NMEAN192 NMAX192 NSTDV192 FMIN192 FMEAN192 FMAX192 FSTDV192	
Edge Detect Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Devation				EDMIN192 EDMEA192 EDMAX192 EDSTD192	
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN192 LUMEA192 LUMAX192 LUSTD192	
Scan #2 -- Right Internal Carotid (Anterior View) Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL292 IQUAL292 LINES292 VMAX292 VMIN292 VMEAN292 VSTDV292	

Record 92 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Near Wall Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation ***Far Wall*** Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN292 NMEAN292 NMAX292 NSTDV292 FMIN292 FMEAN292 FMAX292 FSTDV292	
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN292 LUMEA292 LUMAX292 LUSTD292	
Scan #3 -- Right Internal Carotid (Lateral View) Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL392 IQUAL392 LINES392 VMAX392 VMIN392 VMEAN392 VSTDV392	
Near Wall Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation ***Far Wall*** Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN392 NMEAN392 NMAX392 NSTDV392 FMIN392 FMEAN392 FMAX392 FSTDV392	

Record 92 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN392 LUMEA392 LUMAX392 LUSTD392	
Scan #4 -- Right Internal Carotid (Posterior View) Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL492 IQUAL492 LINES492 VMAX492 VMIN492 VMEAN492 VSTDV492	
Near Wall Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation *Far Wall* Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN492 NMEAN492 NMAX492 NSTDV492 FMIN492 FMEAN492 FMAX492 FSTDV492	
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN492 LUMEA492 LUMAX492 LUSTD492	

Record 92 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Scan #5 -- Left Common Carotid Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL592 IQUAL592 LINES592 VMAX592 VMIN592 VMEAN592 VSTDV592	
Near Wall Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation *Far Wall* Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN592 NMEAN592 NMAX592 NSTDV592 FMIN592 FMEAN592 FMAX592 FSTDV592	
Edge Detect Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Devation				EDMIN592 EDMEA592 EDMAX592 EDSTD592	
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN592 LUMEA592 LUMAX592 LUSTD592	

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Scan #6 -- Left Internal Carotid (Anterior View) Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL692 IQUAL692 LINES692 VMAX692 VMIN692 VMEAN692 VSTDV692	
Near Wall Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation *Far Wall* Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN692 NMEAN692 NMAX692 NSTDV692 FMIN692 FMEAN692 FMAX692 FSTDV692	
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN692 LUMEA692 LUMAX692 LUSTD692	
Scan #7 -- Left Internal Carotid (Lateral View) Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL792 IQUAL792 LINES792 VMAX792 VMIN792 VMEAN792 VSTDV792	

Record 92 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Near Wall Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation ***Far Wall*** Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN792 NMEAN792 NMAX792 NSTDV792 FMIN792 FMEAN792 FMAX792 FSTDV792	
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN792 LUMEA792 LUMAX792 LUSTD792	
Scan #8 -- Left Internal Carotid (Posterior View) Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL892 IQUAL892 LINES892 VMAX892 VMIN892 VMEAN892 VSTDV892	
Near Wall Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation ***Far Wall*** Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN892 NMEAN892 NMAX892 NSTDV892 FMIN892 FMEAN892 FMAX892 FSTDV892	

Record 92 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN892 LUMEA892 LUMAX892 LUSTD892	
Administrative Information Scan Time Date Read at Reading Center Time Read at Reading Center Sonographer ID URC Reader ID Reading ID used by URC program Record ID Videotape on which study is recorded Study ID Protocol ID Reading Type				SCTIME92 RDDATE92 RDTIME92 SONOGR92 READID92 READUC92 RECORD92 TAPEID92 STUDY92 PROTO92 READTY92	

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Calculated Variables

ULTRA VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Ave N&F wall max, com	*MAXCOM			MAXCOM41	MAXCOM41		
Ave N&F wall max, int	*MAXINT			MAXINT41	MAXINT41		
Maximum % stenosis	*MAXSTEN#			MXSTEN41#	MXSTEN41#		
Left % stenosis	*PSTENLFT			PSTEN241	PSTEN241		
Right % stenosis	*PSTENRT			PSTEN141	PSTEN141		

ULTRA VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Ave N&F wall max, com				MAXCOM92	
Ave N&F wall max, int				MAXINT92	
Maximum % stenosis				MXSTEN92	
Left % stenosis				PSTEN292	
Right % stenosis				PSTEN192	

*Variables preceded by * are also found in record 55 of ultrabl.sav. Underlined variables are found only in ultrayr5.sav.
  Other variables found in one or all of baseboth.sav, basicmin.sav, basicfin.sav. (basicmin.sav and basicfin.sav not available to public users.)

#MAXSTEN = max(PSTENLFT, PSTENRT); MAXSTEN41= max(PSTEN241, PSTEN141).

Aortic Ultrasound Form
(Record 48)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year6	Year 7
Date Selection Variable				SCDATE48	SCDATE48		
Date read at URC				RDDATE48	RDDATE48		
Sonographer ID				SONOGR48	SONOGR48		
URC Reader ID				READID48	READID48		
Lesion surface				LSRFC48	LSRFC48		
Lesion morphology				LMRPH48	LMRPH48		
percent stenosis				PSTEN48	PSTEN48		
epicenter of aortic plaque				LOCAT48	LOCAT48		
lesion density				LDENS48	LDENS48		
suprarenal - image quality - line # 1 drawn - line # 2 drawn - line # 3 drawn - line # 4 drawn - line # 5 drawn - line # 6 drawn - vessel max - lumen min. - lumen max				IQUAL148 LD1148 LD1248 LD1348 LD1448 LD1548 LD1648 VMAX148 LUMIN148 LUMAX148	IQUAL148 LD1148 LD1248 LD1348 LD1448 LD1548 LD1648 VMAX148 LUMIN148 LUMAX148		

* Only done at Year 5, so no table for Years 8-12 is included.

Aortic Ultrasound Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
infrarenal - image quality - line # 1 drawn - line # 2 drawn - line # 3 drawn - line # 4 drawn - line # 5 drawn - line # 6 drawn - vessel max - lumen min. - lumen max				IQUAL248 LD2148 LD2248 LD2348 LD2448 LD2548 LD2648 VMAX248 LUMIN248 LUMAX248	IQUAL248 LD2148 LD2248 LD2348 LD2448 LD2548 LD2648 VMAX248 LUMIN248 LUMAX248		
Longitudinal - image quality - line # 1 drawn - line # 2 drawn - line # 3 drawn - line # 4 drawn - line # 5 drawn - line # 6 drawn - vessel max - near wall min. - near wall mean - near wall max. - near wall standard deviation - far wall min. - far wall mean - far wall max. - far wall standard deviation - lumen min. - lumen max				IQUAL348 LD3148 LD3248 LD3348 LD3448 LD3548 LD3648 VMAX348 NMIN348 NMEAN348 NMAX348 NSTDV348 FMIN348 FMEAN348 FMAX348 FSTDV348 LUMIN348 LUMAX348	IQUAL348 LD3148 LD3248 LD3348 LD3448 LD3548 LD3648 VMAX348 NMIN348 NMEAN348 NMAX348 NSTDV348 FMIN348 FMEAN348 FMAX348 FSTDV348 LUMIN348 LUMAX348		

Aortic Ultrasound Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Widest Portion - image quality - line # 1 drawn - line # 2 drawn - line # 3 drawn - line # 4 drawn - line # 5 drawn - line # 6 drawn - vessel max - lumen min. - lumen max				IQUAL448 LD4148 LD4248 LD4348 LD4448 LD4548 LD4648 VMAX448 LUMIN448 LUMAX448	IQUAL448 LD4148 LD4248 LD4348 LD4448 LD4548 LD4648 VMAX448 LUMIN448 LUMAX448		
F.C. study repetition count				REPCNT48	REPCNT48		
Intra-reader quality control				INTRAQ48	INTRAQ48		
Inter-reader quality control				INTERQ48	INTERQ48		
Principle Investigator Review				PIREV48	PIREV48		
Quality Control Check				QCCHK48	QCCHK48		
Scan Date				SCDATE48	SCDATE48		

Echocardiography Form
(Record 19)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE19						YEAR19
Participant ID	IDNO						IDNO
Results of examination	COMPIN19						COMPIN19
Reason test incomplete or not done	REASON19						REASON19
Specify other reasons	RSSPEC19						RSSPEC19
Were any alert conditions noted?	ALRT19						
Were any of the following alerts noted? 　Thrombosis 　Aortic Dissection 　Cardiac Tumors 　Flail Leaflet 　Tamponade 　Vegetation 　Sig. Seg. Wall Motion Abnormality 　Severe Global LV Sys. Dysfunction 　Proximal Aortic Aneurysm 　Pericardial Effusion > 0.5 cm 　Significant Aortic Stenosis 　Significant Mitral Stenosis 　Aortic Regurgitation 3+, 4+ 　Mitral Regurgitation 3+, 4+							THROMB19 AORDIS19 TUMORS19 FLLEAF19 TAMPND19 VEG19 SWMABN19 GLVSD19 AORAN19 PEREFF19 AORSTN19 MITSTN19 AORREG19 MITREG19
Specify other alerts	ALSPEC19						
Technician ID	TECHID19						TECHID19

Echo Data
(Record 43)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variables Date echo performed Date echo read Study code / type of study	ECHODT43 READDT43 STDY43						ECHODT43 READDT43 STUDY43
Code for reader / ID number Tech ID number	A43 TECHID43						READER43 TECHID43
Patient data from echo reading center * sex age height (cm) weight (kg) body surface area systolic blood pressure (mmHg) diastolic blood pressure (mmHg) heart rate (beats/min)	SEX43 AGE43 HT43 WT43 BSA43 SBP43 DBP43 HRT43						
Quality scores 2-D parasternal view 2-D apical view M-mode aorta/LS view M-mode LV view Doppler parasternal Doppler apical Color Doppler LV inflow doppler LV outflow doppler	QS2DPR43 QS2DAP43 QSMMAL43 QSMMLV43 QSDPPR43 QSDPAP43 QSCD43						LVQUAL43 INQUAL43 OUTQUL43
Clinical impression/diagnosis Comment/diag/alert 1 ... Comment/diag/alert 4	DC1A43 ... DC4A43						ALERT43

* Do not use these data for analysis - they are very dirty

Echo Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Qualitative assessments LV chamber size LA chamber size LV ejection fraction LV wall motion	LVCS43 LACS43 LVEF43 LVSWM43						 LVFNCT43 RWMA43
Color doppler data (ratio) Aortic regurgitation Ratio aortic RG jet ht to LV outflow tract diameter Mitral regurgitation Ratio mitral RG jet area to LA area Tricuspid regurgitation	 CDJH43 CDJHLO43 CDJA43 CDRJAL43						 AR43 MR43 TR43
Doppler data Doppler flow velocity integral Doppler mitral early peak flow velocity Doppler mitral late peak flow velocity Ratio of late to early peak flow velocity Early diastole mitral flow velocity int Late diastole mitral flow velocity int Ratio of late to early mitral flow vel int First third diastolic filling fraction Isovolumic relaxation time Pulmonary artery acceleration time	DPLVI43 DPMEP43 DPMAP43 DPVAE43 DPMEI43 DPMAI43 PDIAE43 DPFF1343 DPIVRT43 DPPACC43						 DPMEP43 DPMAP43
M-Mode Data LV dimension in diastole LV dimension in systole Ventricular septal thickness in diastole Ventricular septal thickness in systole LV posterior wall thickness in diastole LV posterior wall thickness in systole LA dimension (cm) Aortic root dimension (cm) LV percent fractional shortening (%FS) LV end systolic stress LV mass (g)	MMLVDD43 MMLVDS43 MMVSTD43 MMVSTS43 MMLVWD43 MMLVWS43 MMLAD43 MMARD43 MMLVFS43 NEWESS43 NEWLVM43						MMLVDD43 MMLVDS43 MMVSTD43 MMVSTS43 MMLVWD43 MMLVWS43 MMLAD43 MMARD43 MMLVFS43 MMLVSS43 MMLVMS43

Echo Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
M-Mode Data(cont.) Ratio of systolic stress to %FS Expected fractional shortening (FS) Ratio of actual to expected FS	MMLVFS43** MMLVEF43 MMLVAE43						
2D Data Study code Reader code Read date	STUDY43 RDR2D43 DT2D43						
2D Data Quality scores 2-D parasteral view 2-D apical view M-mode aorta/LS view M-mode LV view Doppler parasternal Doppler apical Color Doppler	PR2DQS43 AP2DQS43 MMALQS43 MMLVQS43 DPPRQS43 DPAPQS43 CDQS43						

2D Data Qualitative assessments
LV chamber size
LA chamber size
LV ejection fraction
LV wall motion
Apical
  4ch IVS basal
  4ch IVS mid
  4ch IVS apical
  4ch lat apical LV
  4ch lat mid LV
  4ch lat basal LV
  2ch inf basal LV
  2ch inf mid LV
  2ch inf apical LV
	LVCS243
	LACS243
	LVEF243
	LVSWM243
	
	Q4IVSB43
	Q4IVSM43
	Q4IVSA43
	Q4LALV43
	Q4LMLV43
	Q4LBLV43
	Q2IBLV43
	Q2IMLV43
	Q2IALV43						

**This variable was computed using an incorrect variable in the numerator. Until a new variable is computed, if you need to use this ratio you should recompute it using NEWESS43 in the numerator.

Echo Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

2ch ant apical LV
2ch ant mid LV
2ch ant basal LV
Parasternal Sax at Papillary Muscle
  Inf VS
  Mid VS
  Ant VS
  Ant LV
  Ant lat LV
  Post lat LV
  Inf post LV
  Inf LV
LV Wall Motion Summary
	Q2AALV43
	Q2AMLV43
	Q2ABLV43
	
	QSIVS43
	QSMVS43
	QSAVS43
	QSALV43
	QXALLV43
	QSPLLV43
	QSIPLV43
	QSILV43
	QLLVWM43						

2D Data Clinical impression/diagnosis Alert Comment/diag/alert 1 ... Comment/diag/alert 4	 DC1B43 ... DC4B43						
Mitral ann. Ca+ Aortic ring ann. Ca+ Aortic CW velocity Aortic leaf thickening Aortic leaf excurs TR CW velocity VTI - AV Peak velocity							MAC43 AOAC43 AOCW43 AOTHCK43 AOEXC43 TRCW43 AOVTI43 AOPKVL43

Calculated Variables

ECHO VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Aortic regurg category	AORCAT *						
Aortic regurgitation	AREGURG						
Aortic Stenosis category	ASTEN **						
Early/late peak vel	DPVEA &						
LV systolic function	LVSF #						
LV wall motion-semiquantitative	LVWMSQ2						
Mitral regurg category	MITCAT $						
Mitral regurgitation	MREGURG						
Mitral stenosis category	MSTEN **						

* AORCAT = 1 if CDJHLO43 LT 24
  AORCAT = 2 if CDJHLO43 GE 24 AND CDJHLO43 LE 46
  AORCAT = 3 if CDJHLO43 GT 46 AND CDJHLO43 LE 64
  AORCAT = 4 if CDJHLO43 GT 64.

** ASTEN and MSTEN: 1 = mild; 2 = moderate; 3 = severe. Classification is based on reader's subjective judgment.

&DPVEA = DPMEP43/DPMAP43 (= 1/DPVAE43).

LVSF = 0 if MMLVFS43   28; LVSF = 1 if MMLVFS43 < 28.

$ MITCAT = 1 if CDRJAL43 LT 20
  MITCAT = 2 if CDRJAL43 GE 20 AND CDRJAL LE 40
  MITCAT = 3 if CDRJAL43 GT 40.

Resting 12-Lead ECG Form
(Record 21)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE21	DATE21	DATE21	DATE21	DATE21	YEAR21	YEAR21
Chest Square Readings							
O-E measurement	OEMEAS21	OEMEAS21	OEMEAS21	OEMEAS21	OEMEAS21	OEMEAS21	OEMEAS21
O-V6 measurement	OV6MEA21	OV6MEA21	OV6MEA21	OV6MEA21	OV6MEA21	OV6MEA21	OV6MEA21
Heel-to-knee length	HKLEN21				HKLEN21		
Bioelectric impedance							
resistance	BIORES21				BIORES21		
reactance	BIOREA21				BIOREA21		
Results of ECG	COMPIN21	COMPIN21	COMPIN21	COMPIN21	COMPIN21	COMPIN21	COMPIN21
Reason ECG incomplete or not done	REASON21	REASON21	REASON21	REASON21	REASON21	REASON21	REASON21
Specify other	RSSPEC21	RSSPEC21	RSSPEC21	RSSPEC21	RSSPEC21	RSSPEC21	RSSPEC21
60 Second Heart rate	PULSE21	PULSE21	PULSE21	PULSE21	PULSE21	PULSE21	PULSE21
Were these alert conditions noted?							
atrial fibrillation	ATRFIB21	ATRFIB21	ATRFIB21	ATRFIB21	ATRFIB21	ATRFIB21	ATRFIB21
atrial flutter	ATFLUT21	ATFLUT21	ATFLUT21	ATFLUT21	ATFLUT21	ATFLUT21	ATFLUT21
Wolf-Parkinson White	WPW21	WPW21	WPW21	WPW21	WPW21	WPW21	WPW21
idioventricular rhythm	IVRHY21	IVRHY21	IVRHY21	IVRHY21	IVRHY21	IVRHY21	IVRHY21
ventricular tachycardia	VTACH21	VTACH21	VTACH21	VTACH21	VTACH21	VTACH21	VTACH21
complete heart block	COMPHB21	COMPHB21	COMPHB21	COMPHB21	COMPHB21	COMPHB21	COMPHB21
acute pericarditis	APERIC21	APERIC21	APERIC21	APERIC21	APERIC21	APERIC21	APERIC21
any ref to injury or ischemia	INJURY21	INJURY21	INJURY21	INJURY21	INJURY21	INJURY21	INJURY21
Test was done supine/semi-recumbant							TSTDON21
Able to do...?							
remove shoes			RSHOES21	RSHOES21	RSHOES21	RSHOES21	RSHOES21
transfer off chair			OFFCHR21	OFFCHR21	OFFCHR21	OFFCHR21	OFFCHR21
get onto table			ONTABL21	ONTABL21	ONTABL21	ONTABL21	ONTABL21
get off table			OFFTBL21	OFFTBL21	OFFTBL21	OFFTBL21	OFFTBL21
put on shoes			SHOEON21	SHOEON21	SHOEON21	SHOEON21	SHOEON21
Technician identification number			TECHID21	TECHID21	TECHID21	TECHID21	TECHID21
Date			DATE21	DATE21	DATE21	DATE21	DATE21

Resting 12-Lead ECG Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR21	YEAR21	YEAR21	YEAR21	
Chest Square Readings					
O-E measurement	OEMEAS21	OEMEAS21	OEMEAS21	OEMEAS21	
O-V6 measurement	OV6MEA21	OV6MEA21	OV6MEA21	OV6MEA21	
Heel-to-knee length					
Bioelectric impedance					
resistance					
reactance					
Results of ECG	COMPIN21	COMPIN21	COMPIN21	COMPIN21	
Reason ECG incomplete or not done	REASON21	REASON21	REASON21	REASON21	
Specify other	RSSPEC21	RSSPEC21	RSSPEC21	RSSPEC21	
60 Second Heart rate	PULSE21	PULSE21	PULSE21	PULSE21	
Were these alert conditions noted?					
atrial fibrillation	ATRFIB21	ATRFIB21	ATRFIB21	ATRFIB21	
atrial flutter	ATFLUT21	ATFLUT21	ATFLUT21	ATFLUT21	
Wolf-Parkinson White	WPW21	WPW21	WPW21	WPW21	
idioventricular rhythm	IVRHY21	IVRHY21	IVRHY21	IVRHY21	
ventricular tachycardia	VTACH21	VTACH21	VTACH21	VTACH21	
complete heart block	COMPHB21	COMPHB21	COMPHB21	COMPHB21	
acute pericarditis	APERIC21	APERIC21	APERIC21	APERIC21	
any ref to injury or ischemia	INJURY21	INJURY21	INJURY21	INJURY21	
Test was done supine/semi-recumbant	TSTDON21	TSTDON21	TSTDON21	TSTDON21	
Able to do...?					
remove shoes	RSHOES21	RSHOES21	RSHOES21	RSHOES21	
transfer off chair	OFFCHR21	OFFCHR21	OFFCHR21	OFFCHR21	
get onto table	ONTABL21	ONTABL21	ONTABL21	ONTABL21	
get off table	OFFTBL21	OFFTBL21	OFFTBL21	OFFTBL21	
put on shoes	SHOEON21	SHOEON21	SHOEON21	SHOEON21	
Technician identification number	TECHID21	TECHID21	TECHID21	TECHID21	
Date	DATE21	DATE21	DATE21	DATE21	

12-Lead ECG Data
(Record 42)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	RDATE42	RDATE42	RDATE42	RDATE42	RDATE42	YEAR42	YEAR42
Record Time	RTIME42	RTIME42	RTIME42	RTIME42	RTIME42	RTIME42	RTIME42
Participant ID	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
Participant Name	NAME42						
Location Code	LOC42	LOC42	LOC42	LOC42	LOC42	LOC42	LOC42
Cart Code	CART42	CART42	CART42	CART42	CART42	CART42	CART42
Quality Grade	QUAL42	QUAL42	QUAL42	QUAL42	QUAL42	QUAL42	QUAL42
Minnesota Code - L1	L142	L142	L142	L142	L142	L142	L142
Minnesota Code - F1	F142	F142	F142	F142	F142	F142	F142
Minnesota Code - V1	V142	V142	V142	V142	V142	V142	V142
Minnesota Code - L4	L442	L442	L442	L442	L442	L442	L442
Minnesota Code - F4	F442	F442	F442	F442	F442	F442	F442
Minnesota Code - V4	V442	V442	V442	V442	V442	V442	V442
Minnesota Code - L5	L542	L542	L542	L542	L542	L542	L542
Minnesota Code - F5	F542	F542	F542	F542	F542	F542	F542
Minnesota Code - V5	V542	V542	V542	V542	V542	V542	V542
Minnesota Code - L92	L9242	L9242	L9242	L9242	L9242	L9242	L9242
Minnesota Code - F92	F9242	F9242	F9242	F9242	F9242	F9242	F9242

12-Lead ECG Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	RDATE42	RDATE42	RDATE42	RDATE42	
Record Time	RTIME42	RTIME42	RTIME42	RTIME42	
Participant ID	IDNO	IDNO	IDNO	IDNO	
Participant Name					
Location Code	LOC42	LOC42	LOC42	LOC42	
Cart Code	CART42	CART42	CART42	CART42	
Quality Grade	QUAL42	QUAL42	QUAL42	QUAL42	
Minnesota Code - L1	L142	L142	L142	L142	
Minnesota Code - F1	F142	F142	F142	F142	
Minnesota Code - V1	V142	V142	V142	V142	
Minnesota Code - L4	L442	L442	L442	L442	
Minnesota Code - F4	F442	F442	F442	F442	
Minnesota Code - V4	V442	V442	V442	V442	
Minnesota Code - L5	L542	L542	L542	L542	
Minnesota Code - F5	F542	F542	F542	F542	
Minnesota Code - V5	V542	V542	V542	V542	
Minnesota Code - L92	L9242	L9242	L9242	L9242	
Minnesota Code - F92	F9242	F9242	F9242	F9242	

12-Lead ECG Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Minnesota Code - V92	V9242	V9242	V9242	V9242	V9242	V9242	V9242
Minnesota Code - C2	C242	C242	C242	C242	C242	C242	C242
Minnesota Code - C3	C342	C342	C342	C342	C342	C342	C342
Minnesota Code - C6	C642	C642	C642	C642	C642	C642	C642
Minnesota Code - C7	C742	C742	C742	C742	C742	C742	C742
Minnesota Code - C91	C9142	C9142	C9142	C9142	C9142	C9142	C9142
Minnesota Code - C93	C9342	C9342	C9342	C9342	C9342	C9342	C9342
Minnesota Code - C94	C9442	C9442	C9442	C9442	C9442	C9442	C9442
Minnesota Code - C95	C9542	C9542	C9542	C9542	C9542	C9542	C9542
Minnesota Code - E7	E742	E742	E742	E742	E742	E742	E742
Minnesota 8 Code - 1	MINN8142	MINN8142	MINN8142	MINN8142	MINN8142	MINN8142	MINN8142
Minnesota 8 Code - 2	MINN8242	MINN8242	MINN8242	MINN8242	MINN8242	MINN8242	MINN8242
Minnesota 8 Code - 3	MINN8342	MINN8342	MINN8342	MINN8342	MINN8342	MINN8342	MINN8342
Minnesota 8 Code - 4	MINN8442	MINN8442	MINN8442	MINN8442	MINN8442	MINN8442	MINN8442
Minnesota 8 Code - 5	MINN8542	MINN8542	MINN8542	MINN8542	MINN8542	MINN8542	MINN8542
Minnesota 8 Code - 6	MINN8642	MINN8642	MINN8642	MINN8642	MINN8642	MINN8642	MINN8642
Minnesota 8 Code - 7	MINN8742	MINN8742	MINN8742	MINN8742	MINN8742	MINN8742	MINN8742
Minnesota 8 Code - 8	MINN8842	MINN8842	MINN8842	MINN8842	MINN8842	MINN8842	MINN8842

12-Lead ECG Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Minnesota Code - V92	V9242	V9242	V9242	V9242	
Minnesota Code - C2	C242	C242	C242	C242	
Minnesota Code - C3	C342	C342	C342	C342	
Minnesota Code - C6	C642	C642	C642	C642	
Minnesota Code - C7	C742	C742	C742	C742	
Minnesota Code - C91	C9142	C9142	C9142	C9142	
Minnesota Code - C93	C9342	C9342	C9342	C9342	
Minnesota Code - C94	C9442	C9442	C9442	C9442	
Minnesota Code - C95	C9542	C9542	C9542	C9542	
Minnesota Code - E7	E742	E742	E742	E742	
Minnesota 8 Code - 1	MINN8142	MINN8142	MINN8142	MINN8142	
Minnesota 8 Code - 2	MINN8242	MINN8242	MINN8242	MINN8242	
Minnesota 8 Code - 3	MINN8342	MINN8342	MINN8342	MINN8342	
Minnesota 8 Code - 4	MINN8442	MINN8442	MINN8442	MINN8442	
Minnesota 8 Code - 5	MINN8542	MINN8542	MINN8542	MINN8542	
Minnesota 8 Code - 6	MINN8642	MINN8642	MINN8642	MINN8642	
Minnesota 8 Code - 7	MINN8742	MINN8742	MINN8742	MINN8742	
Minnesota 8 Code - 8	MINN8842	MINN8842	MINN8842	MINN8842	

12-Lead ECG Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Minnesota 8 Code - 9	MINN8942	MINN8942	MINN8942	MINN8942	MINN8942	MINN8942	MINN8942
Cardiac Injury Score	CIS42	CIS42	CIS42	CIS42	CIS42	CIS42	CIS42
Lead I Reject Flag	LDI42	LDI42	LDI42	LDI42	LDI42	LDI42	LDI42
Lead II Reject Flag	LDII42	LDII42	LDII42	LDII42	LDII42	LDII42	LDII42
Lead III Reject Flag	LDIII42	LDIII42	LDIII42	LDIII42	LDIII42	LDIII42	LDIII42
Lead AVR Reject Flag	LDAVR42	LDAVR42	LDAVR42	LDAVR42	LDAVR42	LDAVR42	LDAVR42
Lead AVL Reject Flag	LDAVL42	LDAVL42	LDAVL42	LDAVL42	LDAVL42	LDAVL42	LDAVL42
Lead AVF Reject Flag	LDAVF42	LDAVF42	LDAVF42	LDAVF42	LDAVF42	LDAVF42	LDAVF42
Lead V1 Reject Flag	LDV142	LDV142	LDV142	LDV142	LDV142	LDV142	LDV142
Lead V2 Reject Flag	LDV242	LDV242	LDV242	LDV242	LDV242	LDV242	LDV242
Lead V3 Reject Flag	LDV342	LDV342	LDV342	LDV342	LDV342	LDV342	LDV342
Lead V4 Reject Flag	LDV442	LDV442	LDV442	LDV442	LDV442	LDV442	LDV442
Lead V5 Reject Flag	LDV542	LDV542	LDV542	LDV542	LDV542	LDV542	LDV542
Lead V6 Reject Flag	LDV642	LDV642	LDV642	LDV642	LDV642	LDV642	LDV642
Heart Rate	HRATE42	HRATE42	HRATE42	HRATE42	HRATE42	HRATE42	HRATE42
P Axis	PAXIS42	PAXIS42	PAXIS42	PAXIS42	PAXIS42	PAXIS42	PAXIS42
QRS Axis	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42
T Axis	TAXIS42	TAXIS42	TAXIS42	TAXIS42	TAXIS42	TAXIS42	TAXIS42

12-Lead ECG Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Minnesota 8 Code - 9	MINN8942	MINN8942	MINN8942	MINN8942	
Cardiac Injury Score	CIS42	CIS42	CIS42	CIS42	
Lead I Reject Flag	LDI42	LDI42	LDI42	LDI42	
Lead II Reject Flag	LDII42	LDII42	LDII42	LDII42	
Lead III Reject Flag	LDIII42	LDIII42	LDIII42	LDIII42	
Lead AVR Reject Flag	LDAVR42	LDAVR42	LDAVR42	LDAVR42	
Lead AVL Reject Flag	LDAVL42	LDAVL42	LDAVL42	LDAVL42	
Lead AVF Reject Flag	LDAVF42	LDAVF42	LDAVF42	LDAVF42	
Lead V1 Reject Flag	LDV142	LDV142	LDV142	LDV142	
Lead V2 Reject Flag	LDV242	LDV242	LDV242	LDV242	
Lead V3 Reject Flag	LDV342	LDV342	LDV342	LDV342	
Lead V4 Reject Flag	LDV442	LDV442	LDV442	LDV442	
Lead V5 Reject Flag	LDV542	LDV542	LDV542	LDV542	
Lead V6 Reject Flag	LDV642	LDV642	LDV642	LDV642	
Heart Rate	HRATE42	HRATE42	HRATE42	HRATE42	
P Axis	PAXIS42	PAXIS42	PAXIS42	PAXIS42	
QRS Axis	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42	
T Axis	TAXIS42	TAXIS42	TAXIS42	TAXIS42	

12-Lead ECG Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
P-R Interval (msec)	PR42	PR42	PR42	PR42	PR42	PR42	PR42
Q-T Interval (msec)	QT42	QT42	QT42	QT42	QT42	QT42	QT42
J-T Interval (msec)	JT42	JT42	JT42	JT42	JT42	JT42	JT42
QRS Interval (msec)	QRSINT42	QRSINT42	QRSINT42	QRSINT42	QRSINT42	QRSINT42	QRSINT42
Global U Wave Duration (msec)	UWAVE42	UWAVE42	UWAVE42	UWAVE42	UWAVE42	UWAVE42	UWAVE42
Dalhousie ID Number	DALID42	DALID42	DALID42	DALID42	DALID42	DALID42	DALID42
ECG Abnormality*	ABNORM42	ABNORM42	ABNORM42	ABNORM42	ABNORM42	ABNORM42	ABNORM42
Left Ventricular Mass	LVM42	LVM42	LVM42	LVM42	LVM42	LVM42	LVM42
Silent MI Novacode	NOVA42	NOVA42	NOVA42	NOVA42	NOVA42	NOVA42	NOVA42
Valid Change for New MI	NEWMI42	NEWMI42	NEWMI42	NEWMI42	NEWMI42	NEWMI42	NEWMI42

*This variable comes from the Reading Center, and its definition is unknown. A recommendation is to use the major and minor abnormality variables defined on the following pages.

12-Lead ECG Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
P-R Interval (msec)	PR42	PR42	PR42	PR42	
Q-T Interval (msec)	QT42	QT42	QT42	QT42	
J-T Interval (msec)	JT42	JT42	JT42	JT42	
QRS Interval (msec)	QRSINT42	QRSINT42	QRSINT42	QRSINT42	
Global U Wave Duration (msec)	UWAVE42	UWAVE42	UWAVE42	UWAVE42	
Dalhousie ID Number	DALID42	DALID42	DALID42	DALID42	
ECG Abnormality*	ABNORM42	ABNORM42	ABNORM42	ABNORM42	
Left Ventricular Mass	LVM42	LVM42	LVM42	LVM42	
Silent MI Novacode	NOVA42	NOVA42	NOVA42	NOVA42	
Valid Change for New MI	NEWMI42	NEWMI42	NEWMI42	NEWMI42	

*This variable comes from the Reading Center, and its definition is unknown. A recommendation is to use the major and minor abnormality variables defined on the following pages.

Calculated Variables

ECG VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
1st degree av block	AVB	AVB	AVB	AVB	AVB	AVB	AVB
Atrial fib by ecg	ECGAFIB	ECGAFIB	ECGAFIB	ECGAFIB	ECGAFIB	ECGAFIB	ECGAFIB
LV hypertrophy by ecg	ECGLVH	ECGLVH	ECGLVH	ECGLVH	ECGLVH	ECGLVH	ECGLVH
High R waves	HIR	HIR	HIR	HIR	HIR	HIR	HIR
Incomplete RBBB	IRBBB	IRBBB	IRBBB	IRBBB	IRBBB	IRBBB	IRBBB
Left axis deviation	LAXD	LAXD	LAXD	LAXD	LAXD	LAXD	LAXD
Long QT interval	LQT	LQT	LQT	LQT	LQT	LQT	LQT
Any major ECG abnormalities	MAJABN *	MAJABN *	MAJABN *	MAJABN *	MAJABN *	MAJABN *	MAJABN *
Any ECG abnorm-maj, min	MAJMIN	MAJMIN	MAJMIN	MAJMIN	MAJMIN	MAJMIN	MAJMIN
Any minor ECG abnormality	MINABN **	MINABN**	MINABN**	MINABN**	MINABN**	MINABN**	MINABN**
Minor q/qs w/out stt	MIQS	MIQS	MIQS	MIQS	MIQS	MIQS	MIQS
Minor isolated st-t	MIST	MIST	MIST	MIST	MIST	MIST	MIST
Major q or qs abnorm	QQS	QQS	QQS	QQS	QQS	QQS	QQS
Minor q/qs w/ st-t	QST	QST	QST	QST	QST	QST	QST
Right axis deviation	RAXD	RAXD	RAXD	RAXD	RAXD	RAXD	RAXD
Short PR	SPR	SPR	SPR	SPR	SPR	SPR	SPR
St elevation	STE	STE	STE	STE	STE	STE	STE
Isolated major st-t	STT	STT	STT	STT	STT	STT	STT
Ventr conduct defect	VCD	VCD	VCD	VCD	VCD	VCD	VCD

* MAJABN=1 if any of the following abnormalities are present: VCD, QQS, ECGLVH, STT, ECGAFIB, AVB, QST
** MINABN=1 if any of the following abnormalities are present: MIQS, HIR, MIST, STE, IRBBB, LQT, SPR, LAXD, RAXD

Calculated Variables (cont.)

ECG VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
1st degree av block	AVB				
Atrial fib by ecg	ECGAFIB				
LV hypertrophy by ecg	ECGLVH				
High R waves	HIR				
Incomplete RBBB	IRBBB				
Left axis deviation	LAXD				
Long QT interval	LQT				
Any major ECG abnormalities	MAJABN *				
Any ECG abnorm-maj, min	MAJMIN				
Any minor ECG abnormality	MINABN **				
Minor q/qs w/out stt	MIQS				
Minor isolated st-t	MIST				
Major q or qs abnorm	QQS				
Minor q/qs w/ st-t	QST				
Right axis deviation	RAXD				
Short PR	SPR				
St elevation	STE				
Isolated major st-t	STT				
Ventr conduct defect	VCD				

Holter Ischemia Data*
(Record 45)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date selection variable	none - BL only						
Participant ID number	IDNO						
Dalhousie ID number	DALHID45						
Verified	VERIFY45						
ST - rejected	REJECT45						

Date
   Day
   Month
   Year
	
	DAY45
	MONTH45
	YEAR45						

Computed Julian recording start date	STRTDT45						
Recording start time (HHMM) end time (HHMM)	STRTTM45 TOTLTM45						

Amount of usable data
   Channel 1
   Channel 2
	
	USE145
	USE245						

Amount of missing data
   Channel 1
   Channel 2
	
	MISS145
	MISS245						

*Data available on approximately 1400 participants from Baseline and 1200 from Year 7. The Baseline Holters were completed halfway through Year 3, and the Year 7 Holters were completed at the end of Year 8. For Year 7, ischemia summary variables are in Rec 46 along with rhythm data.

Holter Ischemia Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Median ST (microvolts)
    Channel 1
    Channel 2
	MED145
	MED245						

ST depression >= 100 from the median Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DD1145 ND1145 DD1245 ND1245						
ST depression >= 100 from the median and below the PR baseline Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DD1P145 ND1P145 DD1P245 ND1P245						
ST depression >= 200 from the median Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DD2145 ND2145 DD2245 ND2245						
ST depression >= 200 from the median and below the PR baseline Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DD2P145 ND2P145 DD2P245 ND2P245						

Holter Ischemia Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
ST elevation >= 100 from the median Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DE1145 NE1145 DE1245 NE1245						
ST elevation >= 100 from the median and above the PR baseline Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DE1P145 NE1P145 DE1P245 NE1P245						
ST elevation >= 200 from the median Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DE2145 NE2145 DE2245 NE2245						
ST elevation >= 200 from the median and above the PR baseline Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DE2P145 NE2P145 DE2P245 NE2P245						

Holter Ischemia Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
ST depression >= 100 from the median with a horizontal or downward slope Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DDH145 NDH145 DDH245 NDH245						
ST depression >= 100 from the median and below the PR baseline with a horizontal or downward slope Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DDPH145 NDPH145 DDPH245 NDPH245						

Holter Rhythm Form
(Record 46*)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	HOLTDT46						HOLTDT46
Participant ID Number	IDNO						IDNO
Technician ID Number	TECH46						TECH46
Gender	GEND46						GEND46
Process Date	READDT46						READDT46
Tape Quality	QUAL46						QUAL46
Recorder Number	RECRDR46						RECRDR46
Recording Start Time (Hours)							RECHR46
Recording Start Time (Minutes)							RECMIN46
Length of Tape (Hours)	LNGTHH46						LNGTHH46
Length of Tape (Minutes)	LNGTHM46						LNGTHM46
Minimum Heart Rate	MINHR46						MINHR46
Maximum Heart Rate	MAXHR46						MAXHR46
Total # Heart Beats	TOTBT46						TOTBT46
Average Heart Beat							AVGHR46
Total # Ventricular Ectopic Beats	TOTVEB46						TOTVEB46

* Data available on approximately 1400 participants from Baseline and 1250 participants from Year 7. The Baseline Holters were completed halfway through Year 3, and the Year 7 Holters were completed at the end of Year 8. For Year 7, ischemia summary variables and rhythm data are in this record.

Holter Rhythm Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
# Ventricular Ectopic Beats/Hour	VEBRAT46						VEBRAT46
# Single Ventricular Ectopic Beats	NSGVEB46						NSGVEB46
# Bigeminal Ventricular Ectopic Beats	NBGVEB46						NBGVEB46
# Paired Ventricular Ectopic Beats	NPRVEB46						NPRVEB46
Total # Ventricular Tachycardia Runs	NVTRUN46						NVTRUN46
# Beats of Longest Ventricular Tachycardia Run	BTLGVT46						BTLGVT46
Total # of Ventricular Tachycaridia Beats							BTTOVT46
Heart Rate of Longest Ventricular Tachycardia Run	HRLGVT46						HRLGVT46
Time of Longest Ventricular Tachycardia Run (Hours)	TMLVTH46						TMLVTH46
Time of Longest Ventricular Tachycardia Run (Minutes)	TMLVTM46						TMLVTM46
Time of Longest Ventricular Tachycardia Run (AM-PM)							TMLVTA46
Time of Longest Ventricular Tachycardia Run (Which Day)							TMLVTD46
Total # Supraventricular Ectopic Beats	TOSVEB46						TOSVEB46
# Supraventricular Ectopic Beats/Hour	SVEBRT46						SVEBRT46
# Single Supraventricular Ectopic Beats	SSVEB46						SSVEB46

Holter Rhythm Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
# Paired Supraventricular Ectopic Beats	PRSVEB46						PRSVEB46
Total # Supraventricular Tachycardia Runs	SVTRUN46						SVTRUN46
# Beats of Longest Ventricular Tachycardia Run	BTLSVT46						BTLSVT46
Total # Supraventricular Tachycardia Beats							BTTSVT46
Heart Rate of Longest Supraventricular Tachycardia Run	HRLSVT46						HRLSVT46
Time of Longest Supraventricular Tachycardia Run (Hours)	TLSVTH46						TLSVTH46
Time of Longest Supraventricular Tachycardia Run (Minutes)	TLSVTM46						TLSVTM46
Time of Longest Supraventricular Tachycardia Run (AM-PM)							TLSVTA46
Time of Longest Supraventricular Tachycardia Run (Which Day)							TLSVTD46
Torsades Des Pointes	TORSAD46						TORSAD46
2nd Degree AV Block	SECAVB46						SECAVB46
Complete AV Block	CMPAVB46						CMPAVB46
Pause > 3 Seconds	PAUSE46						PAUSE46
Mobitz I							MBTZI46
Number of Occurrences of Mobitz II							MBTZII46

Holter Rhythm Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
2:1 AV Block							AVBL1246
3:1 AV Block							AVBLA346
Atrial Fibrillation	ATFIB46						ATFIB46
Persistent Bradycardia < 40 Beats/Min	BRADY46						BRADY46
Ventricular Tachydardia > 15 Complexes	VTALT46						VTALT46
Supraventricular Tachycardia > 130 Beats/Min	SVTALT46						SVTALT46
Bradycardia & Tachycardia Alert (Heart Rate < 40 or > 130 Beats/Min)	BRDTAC46						BRDTAC46
Longest Period with Persistent Bradychardia	DURPB46						DURPB46
Calibration Pulse Present							CALIBR46
Number of Ischemic Events							NISCEV46
Duration 1st (Longest) Ischemic Event							IEDUR146
Start Time of 1st Ischemic Event							IEST146
End Time of 1st Ischemic Event							IEEND146
Duration 2nd Ischemic Event							IEDUR246
Start Time of 2nd Ischemic Event							IEST246
End Time of 2nd Ischemic Event							IEEND246

Holter Rhythm Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Duration 3rd Ischemic Event							IEDUR346
Start Time of 3rd Ischemic Event							IEST346
End Time of 3rd Ischemic Event							IEEND346
Duration 4th Ischemic Event							IEDUR446
Start Time of 4th Ischemic Event							IEST446
End Time of 4th Ischemic Event							IEEND446
Duration 5th Ischemic Event							IEDUR546
Start Time of 5th Ischemic Event							IEST546
End Time of 5rd Ischemic Event							IEEND546
Ischemic Event > 200uV							IE20046
Alert Level							ALERT46
Report Produced	REPORT46						REPORT46

Calculated Variables

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Persistant Bradycardia < 40 Beats/Min							BRADYC *
Supraventricular Tachycardia > 130 Beats/Min							SVTALTC **

* only calculated for those who had holters: if minhr46 < 40 then BRADYC=1, otherwise BRADYC=0.
**only calculated for those who had holters: if svtrun46 > 0 and hrlsvt46 > 130 then SVTALTC=1, otherwise SVTALTC=0.

MRI Exclusion Criteria
(Record 50)

Question	Years 4-6	Years 10-11
Date Selection Variable	KDATE50	KDATE50
Is participant eligible on basis of weight?	WTEXCL50	WTEXCL50
Have you ever had an MRI scan?	SCAN50	SCAN50
Did you have an MRI outside of CHS?		MRIOUT50
Have you ever had surgery in which aneurysm clips were used? - were metal clips used? (check medical records)	CLIPS50 METAL50	CLIPS50 METAL50
Have you ever had metal fragments in your eyes, brain or spinal cord?	FRAG50	FRAG50
Do you have a cardiac pacemaker?	PACEMK50	PACEMK50
Do you have an artificial heart valve? - when was it put in? - what type was it? (if put in before 1970) - was ball in cage used? (if type was unknown)	HRTVLV50 WHENHV50 HVTYPE50 HVBIC50	HRTVLV50 WHENHV50 HVTYPE50 HVBIC50
Do you have any internal electrical devices, such as a cochlear implant or spinal cord stimulator?	ELECTR50	ELECTR50

Question	Years 4-6	Years 10-11

Does participant pass all MRI exclusion criteria? *
  - Does participant agree to MRI?
 	
 - appointment made for: date
                    hour
                    minute
                    am/pm
  - contact for an appointment after this date
  - reason for refusal?
  - other refusal reason--specify
	PASS50
	
	AGREE50
	
	APPT50
	APPTHR50
	APPTMN50
	APPTAP50
	CONDAT50
	
	REASON50
	RSPEC50
		PASS50
		
		AGREE50
		
		APPT50
		APPTHR50
		APPTMN50
		APPTAP50
		CONDAT50
		
		REASON50
		RSPEC50

May we contact your doctor to obtain a copy of the film from this exam?	CONDR50	CONDR50

MRI Pre-scan Interview and Exam Form*
(Record 51)

Question	Years 4-6	Years 10-11
Date Selection Variable	KDATE51	KDATE51
Have you ever had an injury that resulted in loss of consciousness? - How many times?	KO51 TIMES51	KO51 TIMES51
Have you ever been in a coma? - What was the cause?	COMA51 CSPEC51	COMA51 CSPEC51
Have you ever been told you had cerebral palsy?	CP51	CP51
Have you ever had cancer? - What type?	CANCER51 CASPEC51	CANCER51 CASPEC51
Have you ever been told you had a brain tumor?	TUMOR51	TUMOR51
Have you ever had an operation on your brain? - What for?	OPER51 OPSPEC51	OPER51 OPSPEC51
Have you ever had a seizure or convulsion? - Only as a child? - Within the last 5 years?	SEIZUR51 CHILD51 FIVE51	SEIZUR51 CHILD51 FIVE51
Do you have loss of memory other than for people's names?	LOSS51	LOSS51
Have you ever had migraine headaches? - Is this a doctor's diagnosis?	MIGRAI51 DIAGN51	MIGRAI51 DIAGN51

Question	Years 4-6	Years 10-11
Have you ever been told by a doctor that you had any other neurological disease (e.g. M.S. or Parkinson's) - What disease?	NEURO51 NSPEC51	
Have you ever been told by a doctor that you had any of the following? - Parkinson's disease - Alzheimer=s disease - Other dementia - Other neurologic		PARKIN51 ALZHEI51 DEMENT51 OTHNEU51
What hand would you normally use to throw a ball to hit a target?	HAND51	HAND51
Is the participant able to walk 15 feet? - Right hemiparetic? - Left hemiparetic?	WALK51 RHEMI51 LHEMI51	WALK51 RHEMI51 LHEMI51
Walking on toes: - right weakness? - left weakness? - explanation for weakness? yes/no - specify reason for weakness.	 RTOE51 LTOE51 TREAS51 TSPEC51	 RTOE51 LTOE51 TREAS51 TSPEC51
Walking on heels: - right weakness? - left weakness? - explanation for weakness? yes/no - specify reason for weakness.	 RHEEL51 LHEEL51 HREAS51 HSPEC51	 RHEEL51 LHEEL51 HREAS51 HSPEC51

*Interview performed once in years 4, 5 or 6; and again in years 10 or 11.

MRI Pre-scan Interview and Exam Form (cont.)

Question	Years 4-6	Years 10-11
Station: - eyes closed? - eyes open? - explanation for unsteadiness? yes/no - specify reason for unsteadiness	CLOSED51 OPEN51 STREAS51 SSPEC51	CLOSED51 OPEN51 STREAS51 SSPEC51
Visual field deficit/extinction: - right field deficit/extinction? - left field deficit/extinction? - explanation for vision problem? y/n - specify explanation for vision prob.	RVISUL51 LVISUL51 VREAS51 VSPEC51	RVISUL51 LVISUL51 VREAS51 VSPEC51
Pronator drift: - right weakness? - left weakness? - explanation for weakness? yes/no - specify explanation for weakness?	RPRON51 LPRON51 PREAS51 PSPEC51	RPRON51 LPRON51 PREAS51 PSPEC51
Interviewer ID	INTID51	INTID51
Interview date	DATE51	DATE51

MRI Completion Form*
(Record 52)

Question	Years 4-6	Years 10-11
Date Selection Variable	KDATE52	KDATE52
Completed by CHS technician		
Was MRI completed? **	COMPLT52	COMPTL52
yes - date completed	COMPDT52	COMPDT52
attempted but incomplete		
- date of incomplete MRI	INCDT52	INCDT52
- reason for incomplete	REAINC52	REAINC52
(claustrophobia or other)		
- specify other reason	OTHREA52	OTHREA52
- was tape sent to MRI reading	TAPSNT52	TAPSNT52
center		
not attempted		
- reason	NOTATT52	NOTATT52
- rescheduled for this date	RESCDT52	RESCDT52
- reason scan refused	REFUSE52	REFUSE52
- specify other reason for not	OTHER52	OTHER52
attempting MRI		
CHS technician ID	CHSID52	CHSID52
CHS technician date	CHSDT52	CHSDT52

Question	Years 4-6	Years 10-11
Completed by MRI technician		
Order of scanning pulse sequence: (three choices: T1 Sagittal; Spin density/T2 Oblique Axial; T1 Oblique Axial)		
- sequence performed first	ORDER152	ORDER152
- sequence performed second	ORDER252	ORDER252
- sequence performed third	ORDER352	ORDER352
- other scanning pulse sequence	OTHORD52	OTHORD52
Was oblique scan parallel to the AC/PC line?	PARALL52	PARALL52
Were any emergent alert conditions noted? - specify the condition	ALERT52	ALERT52
	CONDIT52	CONDIT52
- who was notified?	WHONOT52	WHONOT52
- date of alert	ALRTDT52	ALRTDT52
MRI technician ID	MRIID52	MRIID52
Date of MRI	MRIDT52	MRIDT52

Interview performed once in years 4, 5 or 6; and again in years 10 or 11.

** Variable COMPLETE in i:\savefile\mrsum.sav.
*Interview performed once in years 4, 5 or 6; and again in years 10 or 11.

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MRI Acceptability Form
(Record 53)

Question	Years 4-6	Years 10-11
Date Selection Variable	KDATE53	**
Did you experience discomfort during the procedure?	DISCOM53	
Did you experience pain in back/neck? - severity of back/neck pain	PAIN53 PAINSV53	
Did you experience stiffness in back/neck? - severity of back/neck stiffness	STIFF53 STIFSV53	
Did you experience claustrophobia? - severity of claustrophobia	CLAUST53 CLAUSV53	
Did you experience anxiety or fear? - severity of anxiety or fear	ANXIET53 ANXSV53	
Did you experience discomfort from noise? - severity of discomfort from noise	NOISE53 NOISEV53	
Did you experience any other discomfort? - specify other discomfort - severity of other discomfort	OTHDIS53 DISSPC53 DISSEV53	
Would the following improve the procedure: - shorten the duration - use a softer table - reduce the noise level - other suggestion - specify other suggestion	 SHORT53 SOFTER53 REDUCE53 OTHSUG53 SUGSPC53	

Question	Years 4-6	Years 10-11
Is there anything that would make the procedure more acceptable? - specify	ACCEPT53 ACCSPC53	
Interviewer ID	INTID53	
Interview date	DATE53	

Interview performed once in years 4, 5 or 6; and again in years 10 or 11.
** Not administered.

MRI "Gold Standard" Form*
(Record 54)

Question	Years 4-6	Years 10-11
Date Selection Variable (Scan Date)	MRIDT54	MRIDT54
Date Of Interpretation	INTDAT54	INTDAT54
Participant ID	IDNO	IDNO
Graded Variables		
Global Brain Atrophy - Ventricles	VENT54	VENT54
Global Brain Atrophy - Sulci	SULCI54	SULCI54
White Matter, Grade	WHGRD54	WHGRD54
Measured Variables		
Global Atrophy - Bifrontal Distance	BIDIST54	BIDIST54
Global Atrophy - Inner Table Distance	ITDIST54	ITDIST54
Global Atrophy - Central Sulcus Width	CNTSUL54	CNTSUL54
White Matter Variables		
Predominant Location	WHPLOC54	WHPLOC54
Symmetry	WHSYM54	WHSYM54
Brain Stem Lesions	WHBRST54	WHBRST54

Question	Years 4-6	Years 10-11
INFARCTS		
Large Infarcts	INFARC54	INFARC54
SMALL INFARCTS		
Small Infarct	SMLINF54	SMLINF54
Small Basal Ganglia Infarcts		
Number	BGNUM54	BGNUM54
Side	BGSIDE54	BGSIDE54
T1	BGT154	BGT154
Small White Matter Infarcts		
Number	WMNUM54	WMNUM54
Side	WMSIDE54	WMSIDE54
Small Brain Stem Infarcts		
Number	BSNUM54	BSNUM54
Side	BSSIDE54	BSSIDE54
Large Infarcts		
Large Infarct #1		
Large Infarct #1 Present	LINF154	LINF154
Side	ISIDE154	ISIDE154

Question	Years 4-6	Years 10-11
Size - Right/Left	ISZRL154	ISZRL154
Size - Anterior/Posterior	ISZAP154	ISZAP154
Number of Slices	IZ154	IZ154
Predominant MR Signal - T1	IMRT1154	IMRT1154
Predominant MR Signal - PD	IMRPD154	IMRPD154
Predominant MR Signal - T2	IMRT2154	IMRT2154
Hemorrhagic	IHEM154	IHEM154
First Location	ILOC1154	ILOC1154
Second Location	ILOC2154	ILOC2154
Third Location	ILOC3154	ILOC3154
Fourth Location	ILOC4154	ILOC4154
Large Infarct #2		
Large Infarct #2 Present	LINF254	LINF254
Side	ISIDE254	ISIDE254
Size - Right/Left	ISZRL254	ISZRL254
Size - Anterior/Posterior	ISZAP254	ISZAP254
Number of Slices	IZ254	IZ254
Predominant MR Signal - T1	IMRT1254	IMRT1254

Question	Years 4-6	Years 10-11
Predominant MR Signal - PD	IMRPD254	IMRPD254
Predominant MR Signal - T2	IMRT2254	IMRT2254
Hemorrhagic	IHEM254	IHEM254
First Location	ILOC1254	ILOC1254
Second Location	ILOC2254	ILOC2254
Third Location	ILOC3254	ILOC3254
Fourth Location	ILOC4254	ILOC4254
Large Infarct #3		
Large Infarct #3 Present	LINF354	LINF354
Side	ISIDE354	ISIDE354
Size - Right/Left	ISZRL354	ISZRL354
Size - Anterior/Posterior	ISZAP354	ISZAP354
Number of Slices	IZ354	IZ354
Predominant MR Signal - T1	IMRT1354	IMRT1354
Predominant MR Signal - PD	IMRPD354	IMRPD354
Predominant MR Signal - T2	IMRT2354	IMRT2354
Hemorrhagic	IHEM354	IHEM354
First Location	ILOC1354	ILOC1354

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Question	Years 4-6	Years 10-11	Question	Years 4-6	Years 10-11
Second Location	ILOC2354	ILOC2354	*__Large Infarct #5__*		
Third Location	ILOC3354	ILOC3354	Large Infarct #5 Present	LINF554	LINF554
Fourth Location	ILOC4354	ILOC4354	Side	ISIDE554	ISIDE554
__Large Infarct #4__			Size - Right/Left	ISZRL554	ISZRL554
Large Infarct #4 Present	LINF454	LINF454	Size - Anterior/Posterior	ISZAP554	ISZAP554
Side	ISIDE454	ISIDE454	Number of Slices	IZ554	IZ554
Size - Right/Left	ISZRL454	ISZRL454	Predominant MR Signal - T1	IMRT1554	IMRT1554
Size - Anterior/Posterior	ISZAP454	ISZAP454	Predominant MR Signal - PD	IMRPD554	IMRPD554
Number of Slices	IZ454	IZ454	Predominant MR Signal - T2	IMRT2554	IMRT2554
Predominant MR Signal - T1	IMRT1454	IMRT1454	Hemorrhagic	IHEM554	IHEM554
Predominant MR Signal - PD	IMRPD454	IMRPD454	First Location	ILOC1554	ILOC1554
Predominant MR Signal - T2	IMRT2454	IMRT2454	Second Location	ILOC2554	ILOC2554
Hemorrhagic	IHEM454	IHEM454	Third Location	ILOC3554	ILOC3554
First Location	ILOC1454	ILOC1454	Fourth Location	ILOC4554	ILOC4554
Second Location	ILOC2454	ILOC2454	**Hematomas**		
Third Location	ILOC3454	ILOC3454	*__Hematoma #1__*		
Fourth Location	ILOC4454	ILOC4454	Hematoma #1 Present	HEM154	HEM154

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Question	Years 4-6	Years 10-11	Question	Years 4-6	Years 10-11
Side	HSIDE154	HSIDE154	Predominant MR Signal - T1	HMRT1254	HMRT1254
Size - Right/Left	HSZRL154	HSZRL154	Predominant MR Signal - PD	HMRPD254	HMRPD254
Size - Anterior/Posterior	HSZAP154	HSZAP154	Predominant MR Signal - T2	HMRT2254	HMRT2254
Number of Slices	HZ154	HZ154	Age	HAGE254	HAGE254
Predominant MR Signal - T1	HMRT1154	HMRT1154	First Location	HLOC1254	HLOC1254
Predominant MR Signal - PD	HMRPD154	HMRPD154	Second Location	HLOC2254	HLOC2254
Predominant MR Signal - T2	HMRT2154	HMRT2154	Third Location	HLOC3254	HLOC3254
Age	HAGE154	HAGE154	Fourth Location	HLOC4254	HLOC4254
First Location	HLOC1154	HLOC1154	_**Hematoma #3**_		
Second Location	HLOC2154	HLOC2154	Hematoma #3 Present	HEM354	HEM354
Third Location	HLOC3154	HLOC3154	Side	HSIDE354	HSIDE354
Fourth Location	HLOC4154	HLOC4154	Size - Right/Left	HSZRL354	HSZRL354
**Hematoma #2**			Size - Anterior/Posterior	HSZAP354	HSZAP354
Hematoma #2 Present	HEM254	HEM254	Number of Slices	HZ354	HZ354
Side	HSIDE254	HSIDE254	Predominant MR Signal - T1	HMRT1354	HMRT1354
Size - Right/Left	HSZRL254	HSZRL254	Predominant MR Signal - PD	HMRPD354	HMRPD354
Size - Anterior/Posterior	HSZAP254	HSZAP254	Predominant MR Signal - T2	HMRT2354	HMRT2354
Number of Slices	HZ254	HZ254	Age	HAGE354	HAGE354

Question	Years 4-6	Years 10-11
First Location	HLOC1354	HLOC1354
Second Location	HLOC2354	HLOC2354
Third Location	HLOC3354	HLOC3354
Fourth Location	HLOC4354	HLOC4354
Focal Brain Atrophy		
Focal Brain Atrophy	FOCAL54	FOCAL54
Atrophy: Cerebrum		
ACA Frontal	ACAF54	ACAF54
ACA Parietal	ACAP54	ACAP54
MCA Frontal	MCAF54	MCAF54
MCA Parietal	MCAP54	MCAP54
MCA Temporal	MCAT54	MCAT54
PCA Parietal	PCAP54	PCAP54
PCA Temporal	PCAT54	PCAT54
PCA Occipital	PCAO54	PCAO54

Question	Years 4-6	Years 10-11
Atrophy: Cerebellum		
SCA	SCA54	
AICA	AICA54	
PICA	PICA54	
Atrophy: Deep Matter		
Deep Cerebellar White Matter	CBLWM54	
Caudate	CAUD54	CAUD54
Lentiform Nuclei	LNTFRM54	LNTFRM54
Interior Capsule - Anterior limb	INTCPA54	INTCPA54
Interior Capsule - Posterior limb	INTCPP54	INTCPP54
Thalamus	THAL54	THAL54
Midbrain	MIDBRN54	MIDBRN54
Pons	PONS54	PONS54
Medulla	MEDUL54	MEDUL54
Deep Cerebral White Matter	CBRWM54	CBRWM54
Atrophy: Watershed		
ACA:MCA	ACAMCA54	ACAMCA54
MCA:PCA	MCAPCA54	MCAPCA54

MRI Gold Standard Form (cont.)

Question	Years 4-6	Years 10-11
Other Variables		
Perivascular Spaces	PERISP54	PERISP54
Other Diagnoses	OTHDIA54	OTHDIA54
Alert Status	ALERT54	ALERT54
Parenchymal Hematoma	PARHEM54	PARHEM54
Administrative Information		
Date received from Field Center	RCVDT54	RCVDT54
Full Dataset received	FULSET54	FULSET54
Scan Protocol correct	PRCORR54	PRCORR54
Reader ID	READID	READID
Technical Adequacy	TECHAD54	TECHAD54
Type of Reading	RDTYPE54	RDTYPE54
Type of Study	STUDY54	STUDY54
Acrostic	NAME54	NAME54
Text	TEXT54	TEXT54
MRI Repeat	MRIRPT54	MRIRPT54
Reason for Adjudication Reading		ADJRSN54
Case Status	CASEST54	CASEST54
Set Number	SETNO54	SETNO54

Examination performed once in years 4, 5 or 6; and again in years 10 or 11.

Calculated Variables

MRI VARIABLES Variable Label	Years 4-6	Years 10-11
Age at MRI	AGEMRI*	
Completion status	COMPLETE*	COMPMRI2
Frontal horn ratio	FHR*	
Location of 1st hematoma	HLOC1*	
Location of 2nd hematoma	HLOC2*	
Location of 3rd hematoma	HLOC3*	
Location of hematomas	HLOCSUM*	
Maximum dim. of 1st hematoma	HMAXSZ1*	
Maximum dim. of 2nd hematoma	HMAXSZ2*	
Maximum dim. of 3rd hematoma	HMAXSZ3*	
Location of 1st infarct	ILOC1*	
Location of 2nd infarct	ILOC2*	
Location of 3rd infarct	ILOC3*	
Location of 4th infarct	ILOC4*	
Location of 5th infarct	ILOC5*	
Location of infarcts	ILOCSUM*	
Size of largest infarct	IMAXSUM*	
Maximum dim. of lgst. inf 1	IMAXSZ1*	
Maximum dim. of lgst. inf 2	IMAXSZ2*	
Maximum dim. of lgst. inf 3	IMAXSZ3*	

MRI VARIABLES Variable Label	Years 4-6	Years 10-11
Maximum dim. of lgst. inf 4	IMAXSZ4*	
Maximum dim. of lgst. inf 5	IMAXSZ5*	
Lacunar infarct	LACUNE*	
MRI evidence of stroke	MRSTRK*	
1 of more large infarcts	NLINF2*	
Number of hematomas	NUMHEM*	
Number of large infarcts	NUMLINF*	
Volume-total	VOL*	
Volume-inf #1	VOL1*	
Volume-inf #2	VOL2*	
Volume-inf #3	VOL3*	
Volume-inf #4	VOL4*	
Volume-inf #5	VOL5*	
Availability of 1st or 2nd MRI		MRIAVAIL

*From MRISUM.SAV; measured only in Year 4, 5 or 6.

Retinal Exam
(Record 74)*

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable			DATE74		
Year in Study			YEAR74		
INTERVIEW Last time optometrist seen?			OPTOM74		
Doctor ever said you had diabetes?			DIAB74		
Number of years had diabetes?			DIABYR74		
Doctor ever said you have eye problems from diabetes?			DBPROB74		
Which eye affected by diabetes?			WHPROB74		
Ever have laser treatments on eyes for diabetes?			DBLAS74		
Which eye laser treated for diabetes?			WHDLAS74		
Doctor ever said you have glaucoma?			GLAUC74		
Which eye affected by glaucoma?			WHGLAU74		
Doctor ever said you have eye problems from macular degeneration?			MACDEG74		
Which eye affected by macular degeneration?			WHMAC74		

* First administered in Year 10

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Question	Year 8	Year 9	Year 10	Year 11	Year 12
Ever have laser treatment for macular degeneration?			MACLAS74		
Which eye laser treated for macular degeneration?			WHMLAS74		
Doctor ever said you have cataracts?			CATAR74		
Which eye affected by cataracts?			WHCAT74		
Ever had surgery for cataracts?			SURCAT74		
Surgery for cataracts on which eye?			WHSURG74		
Doctor ever said you have artery blockage in eye?			BLOCK74		
Which eye affected by blockage?			WHBLOC74		
Ever have laser treatment for blockage			BLKLAS74		
Which eye laser treaded for blockage?			WHBLAS74		
Any difficulty with small print?			DSMALL74		
How much difficulty with small print?			HDSMAL74		
Any difficulty with newspapers?			DNEWSP74		
How much difficulty with newspapers?			HDNEWS74		
Any difficulty with large print?			DLARGE74		
How much difficulty with large print?			HDLARG74		

Retinal Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Any difficulty recognizing people?			DPEOPL74		
How much difficulty recognizing people?			HDPEOP74		
And difficulty with seeing steps or curbs?			DSTEPS74		
How much difficulty seeing steps or curbs?			HDSTEP74		
And difficulty reading street signs?			DSIGNS74		
How much difficulty reading street signs?			HDSIGN74		
Any difficulty with fine hand work?			DHANDW74		
How much difficulty with fine hand work?			HDHAND74		
And difficulty filling out checks/ forms?			DFORMS74		
How much difficulty filling out checks or forms?			HDFORM74		
Any difficulty playing games?			DGAMES74		
How much difficulty playing games?			HDGAME74		
Any difficulty playing sports?			DSPORT74		
How much difficulty playing sports?			HDSPOR74		
Any difficulty cooking?			DCOOK74		
How much difficulty cooking?			HDCOOK74		

Retinal Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
And difficulty watching TV?			DTELEV74		
How much difficulty watching TV?			HDTVIS74		
Do you currently drive a car?			CURDRV74		
How much difficulty driving during day because of vision?			DIFDAY74		
How much difficulty driving at night because of vision?			DIFNIT74		
Have you ever driven a car?			EVERDR74		
When did you stop driving?			WHENST74		
Why did you stop driving?			WHYSTP74		
Completely blind in one or both eyes?			BLIND74		
In which eye are you blind?			WHBLIN74		
Ever had an eye removed?			REMOVE74		
Which eye removed?			WHREMV74		
RETINAL EXAM Type of eye selection			SELECT74		
Which eye photographed?			WHPHOT74		
Reason for not photographing?			NOPHOT74		
Technician ID			TECHID74		
Date of Procedure			PRODAT74		

Retinal Data
(Record 77)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Data Selection Variable			PHDATE77		
Eye			EYE77		
Ship Number			SHIP77		
Photo Date			PHDATE77		
Name Code			NAMCD77		
Photograph			PHOTOG77		
Pupil			PUPIL77		
Grade Date			GRDDT77		
Grader			GRDR77		
Export Code			EXPCD77		
Export Date			EXPDT77		
Focus			FOCUS77		
Field Definition			FLDDEF77		
Artifacts			ART77		
Haze			HAZE77		
Dust			DUST77		
Lashes			LASHES77		
Arc			ARC77		

Retinal Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Uneven Illum Edge			ILEDGE77		
Uneven Illum Disc Zone			ILDISC77		
Uneven Illum Macula			ILMAC77		
Total Blink			TBLINK77		
Art - Other			ARTOTH77		
Disc Obscured or Missing			DISCOB77		
Macula Obscured or Missing			MACOB77		
Gradability			GRADAB77		
FN Disc Arterial Abnormalities			FNDISC77		
FN Zone A Arterial Abnormalities			FNZONE77		
General Narrowing			GN77		
Focal Narrowing ST			FNST77		
Focal Narrowing SN			FNSN77		
Focal Narrowing IN			FNIN77		
Focal Narrowing IT			FNIT77		
Sheathing ST			SHTHST77		
Sheathing SN			SHTHSN77		
Sheathing IN			SHTHIN77		
Sheathing IT			SHTHIT77		
Changes in A/V Crossings ST			CHAVST77		
Changes in A/V Crossing SN			CH AVSN77		

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Changes in A/V Crossings IN			CHAVIN77		
Changes in A/V Crossing IT			CHAVIT77		
Lesions DR GK			LEDRGK77		
Hemorrhages/Microaneurysms			HEMMA77		
Number of Microaneurysms			NUMMA77		
Number of Retinal Hemorrhages			NUMRET77		
Type of Retinal Hemorrhage			TYPRET77		
Hard Exudate			HRDEXU77		
Soft Exudate			SFTEXU77		
Macular Edema			MACED77		
Laser Photocoagulation			LASRPC77		
IRMA			IRMA77		
Venous Beading			VENOUS77		
NVD			NVD77		
NVE			NVE77		
VH/PRH			VHPRH77		
FP			FP77		
Diabetic Retinal Level			DRLVL77		
Diabetic Retinal Level SE2			DRLSE277		
Diabetic Retinal Level SE3			DR LSE377		

Retinal Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Diabetic Retinal Level SE4			DRLSE477		
Diabetic Retinal Level SE5			DRLSE577		
Central Artery Occlusion			CNTART77		
Branch Artery Occlusion			BRNART77		
Central Vein Occlusion			CNTVEN77		
Branch Vein Occlusion			BRNVEN77		
Hollenhorst Plaque			HOLPLQ77		
Asteroid Hyalosis			ASTHYL77		
Large Cup Disc Ratio			LRGCUP77		
RH Within Disc Ratio			RHDISC77		
Perpapillary Atrophy			PERPAT77		
Papillary Swelling			PAPSWL77		
Other Disc Abnormality			OTHDAB77		
Glial Vitreous Thickening			GLVIT77		
Medullated Nerve Fibers			MEDNRV77		
Cellophane			CELLPH77		
SWR			SWR77		
Drusen Present			DRUSEN77		
Soft Drusen			SFTDRU77		

Question	Year 8	Year 9	Year 10	Year 11	Year 12
RPE Depigmentation			RPEDPG77		
Hyperpigmentation			HYPPIG77		
SSR Detachment			SSRDET77		
Subretinal Hemorrage			SUBHEM77		
Subretinal Fibrosis			SUBFIB77		
Geograpnic Atrophy			GEOATR77		
Chorioretinal Scar			CHSCAR77		
Nevus			NEVUS77		
Retinal Detachment			RETDET77		
OOL Other			OOLOTH77		
Retinal Note Sent Status			RETNT77		
Routine Notification Sent Date			NTDATE77		
Retinal Alert Phone Call Date			ALTCLD77		
Rip Data Start			RPDATA77		
Grade Date Rip			GRDDTR77		
Grader Rip			GRDRIP		
Arteriole 1 ... Arteriole 18			A177 ... A1877		
Vein 1			V177		

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Question	Year 8	Year 9	Year 10	Year 11	Year 12
Vein 2 ... Vein 18			V277 ... V1877		
Arteriole1, 1st Branch			B1A77		
Arteriole 1, 2nd Branch ... Arteriole 18, 1st Branch			B1B77 ... B18A77		
Arteriole 18, 2nd Branch			B18B77		
Arteriole Equivalent 1 ... Arteriole Equivalent 18			B1AE77 ... B18AE77		
# of Arterioles Branch Pair Meas Req			BREXP77		
# of Arterioles Branch Pairs Meas			BRMEAS77		
Portion of Required Branch Pairs			BRPERC77		
CRAE T			CRAET77		
CRAE B			CRAEB77		
CRVE			CRVE77		
AV Ratio T			AVRATT77		
AV Ratio B			AVRATB77		
Quality Control Code			QC77		

Calculated Variables

RETINAL VARIABLES Variable label	Year 8	Year 9	Year 10	Year 11	Year 12
Retinopathy (diabetic)			DIABRET		
Age-related Maculopathy (ARM)			ARM		
Macular Edema			MACED		

Nutrition History Form*
(Record 25)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KEYDAT25				KEYDAT25		
Interviewer ID Number	INTID25				INTID25		
Interview date	INTDAT25				INTDAT25		
How often do you eat the following food from restaurants or fast food places: - fried chicken - burgers - pizza - Chinese food - Mexican food - fried fish - other foods	CHICKN25 BURGER25 PIZZA25 CHINES25 MEXICA25 FISH25 OTFOOD25				CHICKN25 BURGER25 PIZZA25 CHINES25 MEXICA25 FISH25 OTFOOD25		
For about how long have you eaten the way you do? if > 1 year, number of years if < 1 year, number of months	EATYRS25 EATMON25				EATYRS25 EATMON25		
Are you following a special diet? - Is your diet medically prescribed or self imposed?	DIET25 DIETW25				DIET25 DIETW25		
How often do you eat the skin on chicken?	SKIN25				SKIN25		
How often do you eat the fat on meat?	FAT25				FAT25		

*Nutrition data collected in Year 8 and later is in Record 65.

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
How often do you use the following? - low or reduced sodium canned vegetables or soups - juice-pack or low-sugar canned fruits - low-salt bread or cereal products - low-calorie bread - low-calorie salad dressing - reduced-sodium lunch meat or cold cuts - low-fat lunch meats or cold cuts - low-sodium or low-calorie frozen entrees or dinner	VEG25 FRUIT25 BREADS25 BREADC25 SALAD25 MEATR25 MEATL25 ENTREE25				VEG25 FRUIT25 BREADS25 BREADC25 SALAD25 MEATR25 MEATL25 ENTREE25		
How often do you add salt to your food?	SALT25				SALT25		
What type of salt do you use?	SALTT25				SALTT25		
Is it plain or iodized salt?	PLAIN25				PLAIN25		
How often do you use fat or oil in cooking? # times per unit of time	FATN25 FATF25				FATN25 FATF25		
What kind of fat or oil do you usually cook with? (check up to 2 kinds)	FATCK125 FATCK225				FATCK125 FATCK225		
What kind of fat or oil do you usually add to vegetables, potatoes, etc.? (check up to 2 kinds)	FATAD125 FATAD225				FATAD125 FATAD225		
If you eat cold cereal, what kind do you eat most often?	CEREAL25				CEREAL25		

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
About how many servings of vegetables do you eat per day of the week not counting salads or potatoes? # vegetables per unit of time	VEGF25 VEGT25				VEGF25 VEGT25		
How many fruits do you usually eat per day or per week not counting juices? # fruits per unit of time	FRUITF25 FRUITT25				FRUITF25 FRUITT25		
How often do you eat breakfast?	BRKAST25				BRKAST25		
On Mon-Fri about what time do you usually first eat or drink something after waking up? hour minute am/pm	EATFTH25 EATFTM25 AMPMF25				EATFTH25 EATFTM25 AMPMF25		
On Mon-Fri about what time do you usually last eat or drink something before going to bed? hour minute am/pm	EATLTH25 EATLTM25 AMPML25				EATLTH25 EATLTM25 AMPML25		
On Mon-Fri how many meals do you usually eat per day?	MEALN25				MEALN25		
On Mon-Fri how many snacks do you usually eat after dinner?	SNACKN25				SNACKN25		

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Alcohol Consumption: (more info. on alcohol is in the medical history form, including calculated vars.)							
Do you ever drink beer? - About how often do you drink beer? - How many 12 oz cans/bottles of beer do you usually drink on 1 occasion?	BEER25 BEERF25 BEERN25		BEER39 BEERF39 BEERN39	BEER29 BEERF29 BEERN29	BEER25 BEERF25 BEERN25	BEER59 BEERF59 BEERN59	BEER59 BEERF59 BEERN59
Do you ever drink wine? - About how often do you drink wine? - How many medium, 6 oz glasses of wine do you usually drink on one occasion?	WINE25 WINEF25 WINEN25		WINE39 WINEF39 WINEN39	WINE29 WINEF29 WINEN29	WINE25 WINEF25 WINEN25	WINE59 WINEF59 WINEN59	WINE59 WINEF59 WINEN59
Do you ever drink liquor? - About how often do you drink liquor? - How many drinks, equal to 1 shot of liquor, do you usually drink on one occasion?	LIQUOR25 LIQUOF25 LIQUON25		LIQUOR39 LIQUOF39 LIQUON39	LIQUOR29 LIQUOF29 LIQUON29	LIQUOR25 LIQUOF25 LIQUON25	LIQUOR59 LIQUOF59 LIQUON59	LIQUOR59 LIQUOF59 LIQUON59
Have you changed your pattern of beer, wine, or liquor consumption during the past 5 years?	PATTEN25				PATTEN25		

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Was there ever a time when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?	ALC525				ALC525		
- How many periods of time did you drink 5 or more alcoholic beverages almost every day?	ALCP525				ALCP525		
- For how long altogether did these periods last? Length Units	ALCLN525 ALCLU525				ALCLN525 ALCLU525		
Continued on next page for the food card section (old cohort only)...							

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Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Food Cards: How often have you eaten this food over the past 12 months? - apples, applesauce, pears - bananas - peaches, apricots (canned, frozen) - peaches, apricots, nectarines (in season) - cantaloupe (in season) - watermelon (in season) - strawberries (fresh, in season) - oranges - orange juice, grapefruit juice - grapefruit - tang, start breakfast drinks - other fruit juices, fortified fruit drink - any other fruit - string beans, green beans - peas - chili with beans - other beans (baked beans, pinto, kidney) - corn - winter squash, baked squash - tomatoes, tomato juice - red chili sauce, taco sauce, salsa - broccoli - cauliflower, brussel sprouts - spinach (raw) - spinach (cooked) - mustard greens, turnip greens, collards - cole slaw, cabbage, sauerkraut	APPLE25 BANANA25 PEACHC25 PEACHF25 CANTAL25 WATERM25 STRAWB25 ORANGE25 ORANJU25 GRAPEF25 TANG25 OTHJUI25 OTHFRT25 BEANS25 PEAS25 CHILIB25 OTHBN25 CORN25 SQUASH25 TOMATO25 SALSA25 BROCCO25 SPROUT25 SPINR25 SPINC25 COLARD25 CABAGE25						

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
- carrots, mixed vegetables with carrots	CARROT25						
- green salad	SALADG25						
- salad dressing, mayonnaise	SALADD25						
- french fries, fried potatoes	FRIES25						
- sweet potatoes, yams	POTATO25						
- other potatoes (boiled, baked)	OTHPOT25						
- rice	RICE25						
- other veg (onions, summer squash)	OTHVEG25						
- fat on veg (butter, margarine)	FATVEG25						
- hamburgers, cheeseburgers, meat loaf	LOAF25						
- beef (steaks, roasts)	BEEFR25						
- beef stew/ pot pie with veg	BEEFS25						
- liver including chicken livers	LIVER25						
- pork (chops, roasts)	PORK25						
- fried chicken	CHICKF25						
- chicken or turkey (roasted, stewed, broiled)	CHICKR25						
- fried fish, fish sandwich	FISHF25						
- tuna fish, tuna salad, tuna casserole	TUNA25						
- shell fish (shrimp,lobster, crab, oysters)	SHELLF25						
- other fish (broiled, baked)	OTHFSH25						
- spaghetti, lasagna, pasta w tomato sauce	LASANA25						
- pizza	PIZZAS25						
- mixed dishes w cheese (macaroni & cheese)	DISH25						
- liverwurst	LIVERW25						
- hot dogs	HOGDOG25						
- hams, lunch meats	HAMMEA25						
- veg soup, veg beef, minestrone, tomato soup	VEGSOU25						

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
- other soups	OTHSOU25						
- biscuits, muffins, burger rolls	BISCUI25						
- white bread, bagels, crackers	BREADW25						
- dark bread (whole wheat, rye, pumpernickel)	BREADB25						
- corn bread, corn muffins, corn tortillas	BRDCN25						
- salty snacks (chips, popcorn)	SNACKS25						
- peanuts, peanut butter	PEANUT25						
- butter on bread or rolls	BTRBD25						
- margarine on bread or rolls	MARGB25						
- gravies made with meat drippings	GRAVY25						
- high fiber, bran or granola cereals	FIBER25						
- highly fortified cereals	HIFCER25						
- other cold cereals	OTHCER25						
- cooked cereals	CKCER25						
- sugar added to cereal	SUGCER25						
- eggs	EGG25						
- bacon	BACON25						
- sausage	SAUSAG25						
- ice cream	ICECRM25						
- doughnuts, cookies, cakes, pastry	COOKIE25						
- pumpkin pie, sweet potato pie	PKNPIE25						
- other pies	OTHPIE25						
- chocolate candy	CHCNDY25						
- other candy, jelly, honey, brown sugar	JELLY25						

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
- cottage cheese	COTTCH25						
- other cheeses and cheese spreads	OTHCHS25						
- flavored yogurt	YOGURT25						
- whole milk and bevs with whole milk	WHMILK25						
- 2% milk and bevs with 2% milk	MILK225						
- skim, 1% or buttermilk	SKMILK25						
- regular soft drinks	SFTDRK25						
- diet soft drinks	DIETSD25						
- beer	BEER225						
- wine	WINE225						
- liquor	LIQ225						
- decaffeinated coffee	COFFED25						
- coffee, not decaffeinated	COFFEE25						
- tea (hot or iced)	TEA25						
- lemon in tea	TEALMN25						
- non-dairy creamer in coffee or tea	DIARYN25						
- milk in coffee or tea	MILKCF25						
- cream (real or half-and-half) in coffee or tea	CRMCOF25						
- sugar in coffee or tea	SGRCOF25						
- artificial sweetener in coffee or tea	SWEETN25						
- glasses of water (not counting coffee or tea)	WATER25						

Nutrition Form*
(Record 65)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Batch Received	DATE65				
Calories (kcal)	CAL65				
Protein (gm)	PROT65				
Animal Fat (gm)	AFAT65				
Vegetable Fat (gm)	VFAT65				
Carbohydrates (gm)	CARBO65				
Crude Fiber (gm)	CRUDE65				
Diet Fiber (gm)	DTFIB65				
AOACFiber (gm)	AOFIB65				
Calcium (mg)	CALC65				
Iron (mg)	IRON65				
Magnesium (mg)	MAGN65				
Phosphorus (mg)	PHOS65				
Potassium (mg)	K65				
Zinc (mg)	ZINC65				
Vitamin C (mg)	VITC65				

* Replace Record 25 as of Year 8.

Nutrition Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Vitamin B1 (mg)	VITB165				
Vitamin B2 (mg)	VITB265				
Niacin (mg)	NIACIN65				
Vitamin B6 (mg)	VITB665				
Folate (mcg)	FOL65				
Retinol (iu)	RETIN65				
Carotene (iu)	CAROT65				
Vitamin A (iu)	VITA65				
Saturated Fat (mg)	SATFAT65				
Monounsaturated Fat (mg)	MONFAT65				
Oleic (mg)	OLEIC65				
Polyunsaturated Fat (mg)	POLY65				
Linoleic (mg)	LINOL65				
Cholesterol (mg)	CHOL65				
Methionine (mg)	METH65				
Vitamin D (iu)	VITD65				
Vitamin E (iu)	VITEIU65				

Nutrition Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Vitamin E (mg)	VITE65				
Alcohol (mg)	ALCO65				
Caffeine (mg)	CAFF65				
Saccharin (mg)	SACH65				
Vitamin B12 (mcg)	VITB1265				
Pantothenic Acid (mg)	PANTO65				
Sucrose (mg)	SUCR65				
Sodium (mg)	SODIUM65				
Animal Protein (mg)	APROT65				
Lactose (mg)	LACT65				
Tryptophan (mg)	TRYPT65				
Manganese (mg)	MN65				
Omega 3 W20.5+W22.6 (mg)	OMEGA65				
Iodine (mcg)	IODINE65				
Selenium (mcg)	SE65				
Copper (mg)	CU65				
Fructose (mg)	FRUCT65				
18.3 Fatty Acid (mg)	F18365				

Question	Year 8	Year 9	Year 10	Year 11	Year 12
4.0 Fatty Acid (mg)	F4065				
6.0 Fatty Acid (mg)	F6065				
8.0 Fatty Acid (mg)	F8065				
10.0 Fatty Acid (mg)	F10065				
12.0 Fatty Acid (mg)	F12065				
14.0 Fatty Acid (mg)	F14065				
16.0 Fatty Acid (mg)	F16065				
18.0 Fatty Acid (mg)	F18065				
16.1 Fatty Acid (mg)	F16165				
20.1 Fatty Acid (mg)	F20165				
22.1 Fatty Acid (mg)	F22165				
18.4 Fatty Acid (mg)	F18465				
20.4 Fatty Acid (mg)	F20465				
20.5 Fatty Acid (mg)	F20565				
22.5 Fatty Acid (mg)	F22565				
22.6 Fatty Acid (mg)	F22665				
Glutamate (mg)	GLUT65				
Asparate (mg)	ASP65				

Nutrition Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Calcium w/o Vitamin Pills (mg)	CALCWO65				
Iron w/o Vitamin Pills (mg)	IRONWO65				
Zinc w/o Vitamin Pills (mg)	ZNWO65				
Vitamin C w/o vitamin Pills (mg)	VTCWO65				
Thiamin B1 w/o vitamin Pills (mg)	VTB1WO65				
Riboflavin B2 w/o Vitamin Pills (mg)	VTB2WO65				
Pyridoxine B6 w/o Vitamin Pills (mg)	VTB62O65				
Folate w/o Vitamin Pills (mcg)	FOLWO65				
Retinol w/o Vitamin Pills (iu)	RETWO65				
Vitamin A w/o Vitamin Pills (iu)	VTAWO65				
Vitamin D w/o Vitamin Pills (iu)	VTDWO65				
Vitamin E w/o Vitamin Pills (iu)	VEIUWO65				
Vitamin E w/o Vitamin Pills (mg)	VTEWO65				
Vitamin B12 w/o Vitamin Pills (mcg)	VB12WO65				
Fateat (mg)	FATEAT65				
Selinium w/o Vitamin Pills (mcg)	SEWO65				
Calories from Fat (kcal)	CALFAT65				
Number of Unanswered Foods	NBLANK65				

Phone Follow-Up Form
(Records 31,32)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE31	DATE32	DATE32	DATE32 YEAR32	DATE32 YEAR32	YEAR32	YEAR32
Introductory Script Participant deceased Did you receive our letter? Interview started Hour Minute am/pm Participant refuses interview Reason Participant moved during last 6 months Participant moved during last month? Current marital status Other (specify)	DIED31 LETTER31 STRTHR31 STRTMN31 STRTAP31 REFUSE31 WHYRES31 MOVE6M31 MOVE1M31	DIED32 LETTER32 STRTHR32 STRTMN32 STRTAP32 REFUSE32 WHYRFS32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32
Health Status* In general, health is .. . How health compares to others How health compares to last time Days stayed in bed b/c of illness or injury during past 2 weeks Illness that caused you to stay in bed Other (specify) Had a coronary bypass surgery since last? Had a cardiac catheterization or coronary angiography since last?	GNHLTH31 CMHLTH31 CHHLTH31 DAYBED31 WHYBED31 OTHBED31	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32

* Some of these variables are also found in the Medical History Form (Recs 7,29,37,39,57,59)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR32	YEAR32	YEAR32	YEAR32	

Introductory Script
Participant deceased
Did you receive our letter?
Interview started
  Hour
  Minute
  am/pm
Participant refuses interview
  Reason
Participant moved during last 6 months
Participant moved during last month?
Current marital status
  Other (specify)
	LETTER32
	
	MOVE6M32
	MOVE1M32
	MARIT32
	MARSPC32
		LETTER32
		
		MOVE6M32
		MOVE1M32
		MARIT32
		MARSPC32
			LETTER32
			
			MOVE6M32
			MOVE1M32
			MARIT32
			MARSPC32
				LETTER32
				
				MOVE6M32
				MOVE1M32
				MARIT32
				MARSPC32	

Health Status*
In general, health is...
How health compares to others
How health compares to last time
Days stayed in bed b/c of illness or injury during past 2 weeks
  Illness that caused you to stay in bed
    Other (specify)
Had a coronary bypass surgery since last?
Had a cardiac catheterization or coronary angiography since last?
	GNHLTH32
	CMHLTH32
	CHHLTH32
	DAYBED32
	
	WHYBED32
	OTHBED32
	CABG32
	
	CCATH32
		GNHLTH32
		CMHLTH32
		CHHLTH32
		DAYBED32
		
		WHYBED32
		OTHBED32
		CABG32
		
		CCATH32
			GNHLTH32
			CMHLTH32
			CHHLTH32
			DAYBED32
			
			WHYBED32
			OTHBED32
			CABG32
			
			CCATH32
				GNHLTH32
				CMHLTH32
				CHHLTH32
				DAYBED32
				
				WHYBED32
				OTHBED32
				CABG32
				
				CCATH32	

* Some of these variables are also found in the Medical History Form (Recs 7,29,37,39,57,59)

Phone Follow-Up Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Doctor diagnosed new MI or heart attack in 6 months?	NEWMI31	NEWMI32	NEWMI32	NEWMI32	NEWMI32	NEWMI32	NEWMI32
Date of event/diagnosis							
Month		MIMO32	MIMO32	MIMO32	MIMO32	MIMO32	MIMO32
Day		MIDA32	MIDA32	MIDA32	MIDA32	MIDA32	MIDA32
Year		MIYR32	MIYR32	MIYR32	MIYR32	MIYR32	MIYR32
Times saw doctor for this condition		MIMD32	MIMD32	MIMD32	MIMD32	MIMD32	MIMD32
In hospital for this over last 6 months?		MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32
Times in hospital		MITIME32	MITIME32	MITIME32	MITIME32	MITIME32	MITIME32
Admission dates							
date 1							
month 1		MI1MO32	MI1MO32	MI1MO32	MI1MO32	MI1MO32	MI1MO32
day 1		MI1DA32	MI1DA32	MI1DA32	MI1DA32	MI1DA32	MI1DA32
year 1		MI1YR32	MI1YR32	MI1YR32	MI1YR32	MI1YR32	MI1YR32
.		.	.	.	.	.	.
.		.	.	.	.	.	.
date 4		.	.	.	.	.	.
month 4		MI4MO32	MI4MO32	MI4MO32	MI4MO32	MI4MO32	MI4MO32
day 4		MI4DA32	MI4DA32	MI4DA32	MI4DA32	MI4DA32	MI4DA32
year 4		MI4YR32	MI4YR32	MI4YR32	MI4YR32	MI4YR32	MI4YR32
Total days hospitalized		MIDAY32	MIDAY32	MIDAY32	MIDAY32	MIDAY32	MIDAY32
Doctor diagnosed a new episode of angina pectoris or chest pain?	NEWANG31	NEWANG32	NEWANG32	NEWANG32	NEWANG32	NEWANG32	NEWANG32
Date of event/diagnosis							
month		ANGMO32	ANGMO32	ANGMO32	ANGMO32	ANGMO32	ANGMO32
day		ANGDA32	ANGDA32	ANGDA32	ANGDA32	ANGDA32	ANGDA32
year		ANGYR32	ANGYR32	ANGYR32	ANGYR32	ANGYR32	ANGYR32
Times saw doctor for this condition		ANGMD32	ANGMD32	ANGMD32	ANGMD32	ANGMD32	ANGMD32
In hospital for this condition?		ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32

Questions	Year 8	Year 9	Year 10	Year 11	Year 12
Doctor diagnosed new MI or heart attack in 6 months?	NEWMI32	NEWMI32	NEWMI32	NEWMI32	
Date of event/diagnosis					
Month	MIMO32	MIMO32	MIMO32	MIMO32	
Day	MIDA32	MIDA32	MIDA32	MIDA32	
Year	MIYR32	MIYR32	MIYR32	MIYR32	
Times saw doctor for this condition	MIMD32	MIMD32	MIMD32	MIMD32	
In hospital for this over last 6 months?	MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32	
Times in hospital	MITIME32	MITIME32	MITIME32	MITIME32	
Admission dates					
date 1					
month 1	MI1MO32	MI1MO32	MI1MO32	MI1MO32	
day 1	MI1DA32	MI1DA32	MI1DA32	MI1DA32	
year 1	MI1YR32	MI1YR32	MI1YR32	MI1YR32	
.	.	.	.	.	
.	.	.	.	.	
date 4	.	.	.	.	
month 4	MI4MO32	MI4MO32	MI4MO32	MI4MO32	
day 4	MI4DA32	MI4DA32	MI4DA32	MI4DA32	
year 4	MI4YR32	MI4YR32	MI4YR32	MI4YR32	
Total days hospitalized	MIDAY32	MIDAY32	MIDAY32	MIDAY32	
Doctor diagnosed a new episode of angina pectoris or chest pain?	NEWANG32	NEWANG32	NEWANG32	NEWANG32	
Date of event/diagnosis					
month	ANGMO32	ANGMO32	ANGMO32	ANGMO32	
day	ANGDA32	ANGDA32	ANGDA32	ANGDA32	
year	ANGYR32	ANGYR32	ANGYR32	ANGYR32	
Times saw doctor for this condition	ANGMD32	ANGMD32	ANGMD32	ANGMD32	
In hospital for this condition?	ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32	

Phone Follow-Up Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Times in hospital		ANTIME32	ANTIME32	ANTIME32	ANTIME32	ANTIME32	ANTIME32
Admission dates							
date 1							
month 1		AN1MO32	AN1MO32	AN1MO32	AN1MO32	AN1MO32	AN1MO32
day 1		AN1DA32	AN1DA32	AN1DA32	AN1DA32	AN1DA32	AN1DA32
year 1		AN1YR32	AN1YR32	AN1YR32	AN1YR32	AN1YR32	AN1YR32
.		.	.	.	.	.	.
.		.	.	.	.	.	.
date 4		.	.	.	.	.	.
month 4		AN4MO32	AN4MO32	AN4MO32	AN4MO32	AN4MO32	AN4MO32
day 4		AN4DA32	AN4DA32	AN4DA32	AN4DA32	AN4DA32	AN4DA32
year 4		AN4YR32	AN4YR32	AN4YR32	AN4YR32	AN4YR32	AN4YR32
Total days in hospital		ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32
Doctor diagnosed a new episode of intermittent claudication... ?	NEWCLD31	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32
Date of event/diagnosis							
month		CLDMO32	CLDMO32	CLDMO32	CLDMO32	CLDMO32	CLDMO32
day		CLDDA32	CLDDA32	CLDDA32	CLDDA32	CLDDA32	CLDDA32
year		CLDYR32	CLDYR32	CLDYR32	CLDYR32	CLDYR32	CLDYR32
Times saw doctor for this condition		CLDMD32	CLDMD32	CLDMD32	CLDMD32	CLDMD32	CLDMD32
In hospital for this condition?		CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32
Times in hospital		CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32
Admission dates							
date 1							
month 1		CL1MO32	CL1MO32	CL1MO32	CL1MO32	CL1MO32	CL1MO32
day 1		CL1DA32	CL1DA32	CL1DA32	CL1DA32	CL1DA32	CL1DA32
year 1		CL1YR32	CL1YR32	CL1YR32	CL1YR32	CL1YR32	CL1YR32
.		.	.	.	.	.	.
.		.	.	.	.	.	.
date 4		.	.	.	.	.	.
month 4		CL4MO32	CL4MO32	CL4MO32	CL4MO32	CL4MO32	CL4MO32
day 4		CL4DA32	CL4DA32	CL4DA32	CL4DA32	CL4DA32	CL4DA32
year 4		CL4YR32	CL4YR32	CL4YR32	CL4YR32	CL4YR32	CL4YR32
Total days in hospital		CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Times in hospital	ANTIME32	ANTIME32	ANTIME32	ANTIME32	
Admission dates					
date 1					
month 1	AN1MO32	AN1MO32	AN1MO32	AN1MO32	
day 1	AN1DA32	AN1DA32	AN1DA32	AN1DA32	
year 1	AN1YR32	AN1YR32	AN1YR32	AN1YR32	
.	.	.	.	.	
.	.	.	.	.	
date 4	.	.	.	.	
month 4	AN4MO32	AN4MO32	AN4MO32	AN4MO32	
day 4	AN4DA32	AN4DA32	AN4DA32	AN4DA32	
year 4	AN4YR32	AN4YR32	AN4YR32	AN4YR32	
Total days in hospital	ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32	
Doctor diagnosed a new episode of intermittent claudication... ?	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32	
Date of event/diagnosis					
month	CLDMO32	CLDMO32	CLDMO32	CLDMO32	
day	CLDDA32	CLDDA32	CLDDA32	CLDDA32	
year	CLDYR32	CLDYR32	CLDYR32	CLDYR32	
Times saw doctor for this condition	CLDMD32	CLDMD32	CLDMD32	CLDMD32	
In hospital for this condition?	CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32	
Times in hospital	CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32	
Admission dates					
date 1					
month 1	CL1MO32	CL1MO32	CL1MO32	CL1MO32	
day 1	CL1DA32	CL1DA32	CL1DA32	CL1DA32	
year 1	CL1YR32	CL1YR32	CL1YR32	CL1YR32	
.	.	.	.	.	
.	.	.	.	.	
date 4	.	.	.	.	
month 4	CL4MO32	CL4MO32	CL4MO32	CL4MO32	
day 4	CL4DA32	CL4DA32	CL4DA32	CL4DA32	
year 4	CL4YR32	CL4YR32	CL4YR32	CL4YR32	
Total days in hospital	CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32	

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Doctor diagnosed a new stroke?	NEWSTK31	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32
Date of event/diagnosis							
month		STKMO32	STKMO32	STKMO32	STKMO32	STKMO32	STKMO32
day		STKDA32	STKDA32	STKDA32	STKDA32	STKDA32	STKDA32
year		STKYR32	STKYR32	STKYR32	STKYR32	STKYR32	STKYR32
Times saw doctor for this condition		STKMD32	STKMD32	STKMD32	STKMD32	STKMD32	STKMD32
In hospital for this condition?		STHOSP32	STHOSP32	STHOSP32	STHOSP32	STHOSP32	STHOSP32
Times in hospital		STTIME32	STTIME32	STTIME32	STTIME32	STTIME32	STTIME32
Admission date 1							
month 1		ST1MO32	ST1MO32	ST1MO32	ST1MO32	ST1MO32	ST1MO32
day 1		ST1DA32	ST1DA32	ST1DA32	ST1DA32	ST1DA32	ST1DA32
year 1		ST1YR32	ST1YR32	ST1YR32	ST1YR32	ST1YR32	ST1YR32
.		.	.	.	.	.	.
date 4		.	.	.	.	.	.
month 4		ST4MO32	ST4MO32	ST4MO32	ST4MO32	ST4MO32	ST4MO32
day 4		ST4DA32	ST4DA32	ST4DA32	ST4DA32	ST4DA32	ST4DA32
year 4		ST4YR32	ST4YR32	ST4YR32	ST4YR32	ST4YR32	ST4YR32
Total days hospitalized		STDAYS32	STDAYS32	STDAYS32	STDAYS32	STDAYS32	STDAYS32
Doctor diagnosed new TIA?	NEWTIA31	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32
Date of event/diagnosis							
month		TIAMO32	TIAMO32	TIAMO32	TIAMO32	TIAMO32	TIAMO32
day		TIADA32	TIADA32	TIADA32	TIADA32	TIADA32	TIADA32
year		TIAYR32	TIAYR32	TIAYR32	TIAYR32	TIAYR32	TIAYR32
Times saw doctor for this condition		TIAMD32	TIAMD32	TIAMD32	TIAMD32	TIAMD32	TIAMD32
In hospital for this condition?		TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32
Times in hospital		TITIME32	TITIME32	TITIME32	TITIME32	TITIME32	TITIME32
Admission date 1							
month 1		TI1MO32	TI1MO32	TI1MO32	TI1MO32	TI1MO32	TI1MO32
day 1		TI1DA32	TI1DA32	TI1DA32	TI1DA32	TI1DA32	TI1DA32
year 1		TI1YR32	TI1YR32	TI1YR32	TI1YR32	TI1YR32	TI1YR32
.		.	.	.	.	.	.
date 4		.	.	.	.	.	.
month 4		TI4MO32	TI4MO32	TI4MO32	TI4MO32	TI4MO32	TI4MO32
day 4		TI4DA32	TI4DA32	TI4DA32	TI4DA32	TI4DA32	TI4DA32
year 4		TI4YR32	TI4YR32	TI4YR32	TI4YR32	TI4YR32	TI4YR32
Total days hospitalized		TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32

Questions	Year 8	Year 9	Year 10	Year 11	Year 12
Doctor diagnosed a new stroke?	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32	
Date of event/diagnosis					
month	STKMO32	STKMO32	STKMO32	STKMO32	
day	STKDA32	STKDA32	STKDA32	STKDA32	
year	STKYR32	STKYR32	STKYR32	STKYR32	
Times saw doctor for this condition	STKMD32	STKMD32	STKMD32	STKMD32	
In hospital for this condition?	STHOSP32	STHOSP32	STHOSP32	STHOSP32	
Times in hospital	STTIME32	STTIME32	STTIME32	STTIME32	
Admission dates					
month 1	ST1MO32	ST1MO32	ST1MO32	ST1MO32	
day 1	ST1DA32	ST1DA32	ST1DA32	ST1DA32	
year 1	ST1YR32	ST1YR32	ST1YR32	ST1YR32	
.	.	.	.	.	
month 4	ST4MO32	ST4MO32	ST4MO32	ST4MO32	
day 4	ST4DA32	ST4DA32	ST4DA32	ST4DA32	
year 4	ST4YR32	ST4YR32	ST4YR32	ST4YR32	
Total days hospitalized	STDAYS32	STDAYS32	STDAYS32	STDAYS32	
Doctor diagnosed new TIA?	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32	
Date of event/diagnosis					
month	TIAMO32	TIAMO32	TIAMO32	TIAMO32	
day	TIADA32	TIADA32	TIADA32	TIADA32	
year	TIAYR32	TIAYR32	TIAYR32	TIAYR32	
Times saw doctor for this condition	TIAMD32	TIAMD32	TIAMD32	TIAMD32	
In hospital for this condition?	TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32	
Times in hospital	TITIME32	TITIME32	TITIME32	TITIME32	
Admission dates					
month 1	TI1MO32	TI1MO32	TI1MO32	TI1MO32	
day 1	TI1DA32	TI1DA32	TI1DA32	TI1DA32	
year 1	TI1YR32	TI1YR32	TI1YR32	TI1YR32	
.	.	.	.	.	
month 4	TI4MO32	TI4MO32	TI4MO32	TI4MO32	
day 4	TI4DA32	TI4DA32	TI4DA32	TI4DA32	
year 4	TI4YR32	TI4YR32	TI4YR32	TI4YR32	
Total days hospitalized	TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32	

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Doctor diagnosed new episode of heart failure since last?	NEWCHF31		NEWCHF32	NEWCHF32	NEWCHF32	NEWCHF32	NEWCHF32
Date of event/diagnosis							
month			CHFMO32	CHFMO32	CHFMO32	CHFMO32	CHFMO32
day			CHFDA32	CHFDA32	CHFDA32	CHFDA32	CHFDA32
year			CHFYR32	CHFYR32	CHFYR32	CHFYR32	CHFYR32
Times saw doctor for this condition			CHFMD32	CHFMD32	CHFMD32	CHFMD32	CHFMD32
In hospital for this condition?			CHHOSP32	CHHOSP32	CHHOSP32	CHHOSP32	CHHOSP32
Times in hospital			CHTIME32	CHTIME32	CHTIME32	CHTIME32	CHTIME32
Admission date 1							
month 1			CH1MO32	CH1MO32	CH1MO32	CH1MO32	CH1MO32
day 1			CH1DA32	CH1DA32	CH1DA32	CH1DA32	CH1DA32
year 1			CH1YR32	CH1YR32	CH1YR32	CH1YR32	CH1YR32
.			.	.	.	.	.
date 4			.	.	.	.	.
month 4			CH4MO32	CH4MO32	CH4MO32	CH4MO32	CH4MO32
day 4			CH4DA32	CH4DA32	CH4DA32	CH4DA32	CH4DA32
year 4			CH4YR32	CH4YR32	CH4YR32	CH4YR32	CH4YR32
Total days hospitalized			CHDAYS32	CHDAYS32	CHDAYS32	CHDAYS32	CHDAYS32
In addition to above visits, how many times seen a doctor since last?		MD32	MD32	MD32	MD32	MD32	MD32
Stayed overnight as a patient in a hosp?	HOSP31						
In addition to above, how many times have you stayed in a hosp since last?		HSTIME32	HSTIME32	HSTIME32	HSTIME32	HSTIME32	HSTIME32
Reason admitted 1st time		RSHOS132	RSHOS132	RSHOS132	RSHOS132	RSHOS132	RSHOS132
month 1		MOHOS132	MOHOS132	MOHOS132	MOHOS132	MOHOS132	MOHOS132
day 1		DAHOS132	DAHOS132	DAHOS132	DAHOS132	DAHOS132	DAHOS132
year 1		YRHOS132	YRHOS132	YRHOS132	YRHOS132	YRHOS132	YRHOS132
.		.	.	.	.	.	.
Reason admitted 5th time		RSHOS532	RSHOS532	RSHOS532	RSHOS532	RSHOS532	RSHOS532
month 5		MOHOS532	MOHOS532	MOHOS532	MOHOS532	MOHOS532	MOHOS532
day 5		DAHOS532	DAHOS532	DAHOS532	DAHOS532	DAHOS532	DAHOS532
year 5		YRHOS532	YRHOS532	YRHOS532	YRHOS532	YRHOS532	YRHOS532

Questions	Year 8	Year 9	Year 10	Year 11	Year 12
Doctor diagnosed new episode of heart failure since last?	NEWCHF32	NEWCHF32	NEWCHF32	NEWCHF32	
Date of event/diagnosis					
month	CHFMO32	CHFMO32	CHFMO32	CHFMO32	
day	CHFDA32	CHFDA32	CHFDA32	CHFDA32	
year	CHFYR32	CHFYR32	CHFYR32	CHFYR32	
Times saw doctor for this condition	CHFMD32	CHFMD32	CHFMD32	CHFMD32	
In hospital for this condition?	CHHOSP32	CHHOSP32	CHHOSP32	CHHOSP32	
Times in hospital	CHTIME32	CHTIME32	CHTIME32	CHTIME32	
Admission date 1					
month 1	CH1MO32	CH1MO32	CH1MO32	CH1MO32	
day 1	CH1DA32	CH1DA32	CH1DA32	CH1DA32	
year 1	CH1YR32	CH1YR32	CH1YR32	CH1YR32	
.	.	.	.	.	
date 4	.	.	.	.	
month 4	CH4MO32	CH4MO32	CH4MO32	CH4MO32	
day 4	CH4DA32	CH4DA32	CH4DA32	CH4DA32	
year 4	CH4YR32	CH4YR32	CH4YR32	CH4YR32	
Total days hospitalized	CHDAYS32	CHDAYS32	CHDAYS32	CHDAYS32	
In addition to above, how many times have you seen a doctor since last?	MD32	MD32	MD32	MD32	
Stayed overnight as a patient in a hosp?					
In addition to above, how many times have you stayed in a hosp since last?	HSTIME32	HSTIME32	HSTIME32	HSTIME32	
Reason admitted 1st time	RSHOS132	RSHOS132	RSHOS132	RSHOS132	
month 1	MOHOS132	MOHOS132	MOHOS132	MOHOS132	
day 1	DAHOS132	DAHOS132	DAHOS132	DAHOS132	
year 1	YRHOS132	YRHOS132	YRHOS132	YRHOS132	
.		.	.	.	
Reason admitted 5th time	RSHOS532	RSHOS532	RSHOS532	RSHOS532	
month 5	MOHOS532	MOHOS532	MOHOS532	MOHOS532	
day 5	DAHOS532	DAHOS532	DAHOS532	DAHOS532	
year 5	YRHOS532	YRHOS532	YRHOS532	YRHOS532	

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Stayed overnight in a nursing home?
  Reason admitted 1st time
    month 1
    day 1
    year 1
.
.
  Reason admitted 5th time
    month 5
    day 5
    year 5
	NURSHM31
	RSNUR131
	MONUR131
	
	YRNUR131
	.
	.
	RSNUR531
	MONUR531
	
	YRNUR531
		NURSHM32
		RSNUR132
		MONUR132
		DANUR132
		YRNUR132
		.
		.
		RSNUR532
		RSHOS532
		MONUR532
		YRNUR532
			NURSHM32
			RSNUR132
			MONUR132
			DANUR132
			YRNUR132
			.
			.
			RSNUR532
			RSHOS532
			MONUR532
			YRNUR532
				NURSHM32
				RSNUR132
				MONUR132
				DANUR132
				YRNUR132
				.
				.
				RSNUR532
				RSHOS532
				MONUR532
				YRNUR532
					NURSHM32
					RSNUR132
					MONUR132
					DANUR132
					YRNUR132
					.
					.
					RSNUR532
					RSHOS532
					MONUR532
					YRNUR532
						NURSHM32
						RSNUR132
						MONUR132
						DANUR132
						YRNUR132
						.
						.
						RSNUR532
						RSHOS532
						MONUR532
						YRNUR532
							NURSHM32
							RSNUR132
							MONUR132
							DANUR132
							YRNUR132
							.
							.
							RSNUR532
							RSHOS532
							MONUR532
							YRNUR532

Similar questions were also asked in the Physical Function Form (Rec 9)
 	
Physical function
In the last 6 months, have you had any change in your ability to
...walk .5 miles?
  In what way has it changed?
...walk up 10 steps
  In what way has it changed?
...do heavy housework?
  In what way has it changed?
...take care of personal care needs?
  In what way has it changed?
...do tasks w/ your arms and hands?
  In what way has it changed?
 	
Have you had a fall in the last 6 months?
  How many times?
		CHGMIL32
		HOWMIL32
		CHGSTP32
		HOWSTP32
		CHGHWK32
		HOWHWK32
		CHGCAR32
		HOWCAR32
		CHGARM32
		HOWARM32
		
		GROUND32
		
		FALLEN32
			CHGMIL32
			HOWMIL32
			CHGSTP32
			HOWSTP32
			CHGHWK32
			HOWHWK32
			CHGCAR32
			HOWCAR32
			CHGARM32
			HOWARM32
			
			GROUND32
			
			FALLEN32
				CHGMIL32
				HOWMIL32
				CHGSTP32
				HOWSTP32
				CHGHWK32
				HOWHWK32
				CHGCAR32
				HOWCAR32
				CHGARM32
				HOWARM32
				
				GROUND32
				
				FALLEN32
					CHGMIL32
					HOWMIL32
					CHGSTP32
					HOWSTP32
					CHGHWK32
					HOWHWK32
					CHGCAR32
					HOWCAR32
					CHGARM32
					HOWARM32
					
					GROUND32
					
					FALLEN32
						CHGMIL32
						HOWMIL32
						CHGSTP32
						HOWSTP32
						CHGHWK32
						HOWHWK32
						CHGCAR32
						HOWCAR32
						CHGARM32
						HOWARM32
						
						GROUND32
						
						FALLEN32
							CHGMIL32
							HOWMIL32
							CHGSTP32
							HOWSTP32
							CHGHWK32
							HOWHWK32
							CHGCAR32
							HOWCAR32
							CHGARM32
							HOWARM32
							
							GROUND32
							
							FALLEN32

Questions	Year 8	Year 9	Year 10	Year 11	Year 12
Stayed overnight in a nursing home?	NURSHM32	NURSHM32	NURSHM32	NURSHM32	
Reason admitted 1st time	RSNUR132	RSNUR132	RSNUR132	RSNUR132	
month 1	MONUR132	MONUR132	MONUR132	MONUR132	
day 1	DANUR132	DANUR132	DANUR132	DANUR132	
year 1	YRNUR132	YRNUR132	YRNUR132	YRNUR132	
.	.	.	.	.	
.					
Reason admitted 5th time	RSNUR532	RSNUR532	RSNUR532	RSNUR532	
month 5	RSHOS532	RSHOS532	RSHOS532	RSHOS532	
day 5	MONUR532	MONUR532	MONUR532	MONUR532	
year 5	YRNUR532	YRNUR532	YRNUR532	YRNUR532	
Have a procedure to open up arteries in either legs?	ARTLEG32	ARTLEG32	ARTLEG32	ARTLEG32	
Date of procedure					
Month	ARTMO32	ARTMO32	ARTMO32	ARTMO32	
Day	ARTDA32	ARTDA32	ARTDA32	ARTDA32	
Year	ARTYR32	ARTYR32	ARTYR32	ARTYR32	
Physical function**					
In the last 6 months, have you had any change in your ability to	CHGMIL32	CHGMIL32	CHGMIL32	CHGMIL32	
...walk .5 miles?	HOWMIL32	HOWMIL32	HOWMIL32	HOWMIL32	
In what way has it changed?	CHGSTP32	CHGSTP32	CHGSTP32	CHGSTP32	
...walk up 10 steps	HOWSTP32	HOWSTP32	HOWSTP32	HOWSTP32	
In what way has it changed?	CHGHWK32	CHGHWK32	CHGHWK32	CHGHWK32	
...do heavy housework?	HOWHWK32	HOWHWK32	HOWHWK32	HOWHWK32	
In what way has it changed?	CHGCAR32	CHGCAR32	CHGCAR32	CHGCAR32	
...take care of personal care needs?	HOWCAR32	HOWCAR32	HOWCAR32	HOWCAR32	
In what way has it changed?	CHGARM32	CHGARM32	CHGARM32	CHGARM32	
...do tasks w/ your arms and hands?	HOWARM32	HOWARM32	HOWARM32	HOWARM32	
In what way has it changed?	GROUND32	GROUND32	GROUND32	GROUND32	
Have you had a fall in the last 6 months?	FALLEN32	FALLEN32	FALLEN32	FALLEN32	
How many times?					

**Similar questions were also asked in the Physical Function Form (Rec 9)

Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Life events***							
Have you retired or changed/lost your job since we saw you last?	RETIRE31	RETIRE32	RETIRE32	RETIRE32	RETIRE32	RETIRE32	RETIRE32
When did this happen?	WHNRET31	WHNRET32	WHNRET32	WHNRET32	WHNRET32	WHNRET32	WHNRET32
Was this change positive or negative?	POSRET31	POSRET32	POSRET32	POSRET32	POSRET32	POSRET32	POSRET32
Have you had a grandchild born?	GRNDCH31	GRNDCH32	GRNDCH32	GRNDCH32	GRNDCH32	GRNDCH32	GRNDCH32
Has caring for a sick/disabled friend or relative become a significant problem?	CARREL31	CARREL32	CARREL32	CARREL32	CARREL32	CARREL32	CARREL32
Has providing care become harder?	CARHRD31	CARHRD32	CARHRD32	CARHRD32	CARHRD32	CARHRD32	CARHRD32
Has there been a significant change in your personal finances?	CHGFIN31	CHGFIN32	CHGFIN32	CHGFIN32	CHGFIN32	CHGFIN32	CHGFIN32
							WHNFIN32
When did this happen?	WHNFIN31	WHNFIN32	WHNFIN32	WHNFIN32	WHNFIN32	WHNFIN32	POSFIN32
Was this change positive or negative?	POSFIN31	POSFIN32	POSFIN32	POSFIN32	POSFIN32	POSFIN32	
Did you or a very close friend or family member have a serious accident or illness?	ACCILL31	ACCILL32	ACCILL32	ACCILL32	ACCILL32	ACCILL32	ACCILL32
When did this happen?	WHNACC31	WHNACC32	WHNACC32	WHNACC32	WHNACC32	WHNACC32	WHNACC32
Have your, your partner, or a family member been assaulted or robbed?	ROBBED31	ROBBED32	ROBBED32	ROBBED32	ROBBED32	ROBBED32	ROBBED32
When did this happen?	WHNROB31	WHNROB32	WHNROB32	WHNROB32	WHNROB32	WHNROB32	WHNROB32
Have you had any important relationship become worse?	RELWRS31	RELWRS32	RELWRS32	RELWRS32	RELWRS32	RELWRS32	RELWRS32
When did this happen?	WHNREL31	WHNREL32	WHNREL32	WHNREL32	WHNREL32	WHNREL32	WHNREL32
Did someone close to you die?	CLSDIE31	CLSDIE32	CLSDIE32	CLSDIE32	CLSDIE32	CLSDIE32	CLSDIE32
When?	WHNDIE31	WHNDIE32	WHNDIE32	WHNDIE32	WHNDIE32	WHNDIE32	WHNDIE32
Have any other important things happened to you or your partner?	OTHEV31	OTHEV32	OTHEV32	OTHEV32	OTHEV32	OTHEV32	OTHEV32
What happened?	OTHSPC31	OTHSPC32	OTHSPC32	OTHSPC32	OTHSPC32	OTHSPC32	OTHSPC32
Was it positive or negative?	POSEV31	POSEV32	POSEV32	POSEV32	POSEV32	POSEV32	POSEV32

*** Some of these variables are also found in the Depression / Life Events Form (Rec 5)

Questions	Year 8	Year 9	Year 10	Year 11	Year 12
Life events***					
Have you retired or changed/lost your job since we saw you last?	RETIRE32	RETIRE32	RETIRE32	RETIRE32	
When did this happen?	WHNRET32	WHNRET32	WHNRET32	WHNRET32	
Was this change positive or negative?	POSRET32	POSRET32	POSRET32	POSRET32	
Have you had a grandchild born?	GRNDCH32	GRNDCH32	GRNDCH32	GRNDCH32	
Has caring for a sick/disabled friend or relative become a significant problem?	CARREL32	CARREL32	CARREL32	CARREL32	
Has providing care become harder?	CARHRD32	CARHRD32	CARHRD32	CARHRD32	
Has there been a significant change in your personal finances?	CHGFIN32	CHGFIN32	CHGFIN32	CHGFIN32	
When did this happen?	WHNFIN32	WHNFIN32	WHNFIN32	WHNFIN32	
Was this change positive or negative?	POSFIN32	POSFIN32	POSFIN32	POSFIN32	
Did you or a very close friend or family member have a serious accident or illness?	ACCILL32	ACCILL32	ACCILL32	ACCILL32	
When did this happen?	WHNACC32	WHNACC32	WHNACC32	WHNACC32	
Have your, your partner, or a family member been assaulted or robbed?	ROBBED32	ROBBED32	ROBBED32	ROBBED32	
When did this happen?	WHNROB32	WHNROB32	WHNROB32	WHNROB32	
Have you had any important relationship become worse?	RELWRS32	RELWRS32	RELWRS32	RELWRS32	
When did this happen?	WHNREL32	WHNREL32	WHNREL32	WHNREL32	
Did someone close to you die?	CLSDIE32	CLSDIE32	CLSDIE32	CLSDIE32	
When?	WHNDIE32	WHNDIE32	WHNDIE32	WHNDIE32	
Have any other important things happened to you or your partner?	OTHEV32	OTHEV32	OTHEV32	OTHEV32	
What happened?	OTHSPC32	OTHSPC32	OTHSPC32	OTHSPC32	
Was it positive or negative?	POSEV32	POSEV32	POSEV32	POSEV32	

*** Some of these variables are also found in the Depression / Life Events Form (Rec 5)

Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Proxy & Contacts Tracking Plan to be out of the area 6 months from now?	OUTAR31	OUTAR32	OUTAR32	OUTAR32	OUTAR32	OUTAR32	OUTAR32
Moving permanently/temporarily? If permanently	OUTPRM31	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32
New address known?	KNADDR31	KNADDR32	KNADDR32	KNADDR32	KNADDR32	KNADDR32	KNADDR32
Street	STREET31	STREET32	STREET32	STREET32	STREET32	STREET32	STREET32
City	CITY31	CITY32	CITY32	CITY32	CITY32	CITY32	CITY32
State	STATE31	STATE32	STATE32	STATE32	STATE32	STATE32	STATE32
Zip code	ZIP31	ZIP32	ZIP32	ZIP32	ZIP32	ZIP32	ZIP32
New phone number	PHONE31	PHONE32	PHONE32	PHONE32	PHONE32	PHONE32	PHONE32
Area code	AREACD31	AREACD32	AREACD32	AREACD32	AREACD32	AREACD32	AREACD32
Which general area will move to (if new address is unknown)?	GENAR31	GENAR32	GENAR32	GENAR32	GENAR32	GENAR32	GENAR32
If temporarily When will return							
Month	RETMO31	RETMO32	RETMO32	RETMO32	RETMO32	RETMO32	RETMO32
Year	RETYR31	RETYR32	RETYR32	RETYR32	RETYR32	RETYR32	RETYR32
Time interview ended							
Hour	ENDHR31	ENDHR32					
Minute	ENDMIN31	ENDMIN32					
am/pm	ENDAP31	ENDAP32					
Interview completed by		WHO32	WHO32	WHO32	WHO32	WHO32	WHO32
If by proxy, reason		PROXY32	PROXY32	PROXY32	PROXY32	PROXY32	PROXY32
Specify other		PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32

Questions	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Proxy & Contacts Tracking</u> Plan to be out of the area 6 months from now?	OUTAR32	OUTAR32	OUTAR32	OUTAR32	
Moving permanently/temporarily?	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32	
If permanently					
New address known?	KNADDR32	KNADDR32	KNADDR32	KNADDR32	
Street	STREET32	STREET32	STREET32	STREET32	
City	CITY32	CITY32	CITY32	CITY32	
State	STATE32	STATE32	STATE32	STATE32	
Zip code	ZIP32	ZIP32	ZIP32	ZIP32	
New phone number	PHONE32	PHONE32	PHONE32	PHONE32	
Area code	AREACD32	AREACD32	AREACD32	AREACD32	
Which general area will move to (if new address is unknown)?	GENAR32	GENAR32	GENAR32	GENAR32	
If temporarily					
When will return					
Month	RETMO32	RETMO32	RETMO32	RETMO32	
Year	RETYR32	RETYR32	RETYR32	RETYR32	

Time interview ended
  Hour
  Minute
  am/pm					

Interview completed by	WHO32	WHO32	WHO32	WHO32	
If by proxy, reason	PROXY32	PROXY32	PROXY32	PROXY32	
Specify other	PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32	

Caregiver Screening Form
(Record 60)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable				KDATE60	KDATE60		
Participant ID number				IDNO	IDNO		
Key entry date				KDATE60	KDATE60		
Key entry ID number				VERS60	VERS60		
Interviewer ID				INTID60	INTID60		
Interview date				INTDAT60	INTDAT60		
What is your current marital status? (if other) please specify				MARST60 MARSPC60	MARST60 MARSPC60		
Does your spouse currently have any physical or health problems, or problems with confusion?				SPPROB60	SPPROB60		

Caregiver Screening Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Does your spouse have difficulty in any of the following areas: Walking to get around inside or outside the house Getting in and out of bed or chair Eating Dressing Bathing Grooming Using toilet Using telephone Preparing meals Doing housekeeping or yardwork Shopping for groceries or personal items Taking medications Handling personal finances Driving car				WALK60 BEDCH60 EAT60 DRESS60 BATH60 GROOM60 TOILET60 TELE60 PRMEAL60 HSWORK60 SHOP60 MEDS60 FINANC60 DRIVE60	WALK60 BEDCH60 EAT60 DRESS60 BATH60 GROOM60 TOILET60 TELE60 PRMEAL60 HSWORK60 SHOP60 MEDS60 FINANC60 DRIVE60		
Is there anyone who lives with you, other than your spouse, who requires regular assistance from you because of physical or health problems, or problems with confusion? (if yes) What is your relationship with this person? (if other) specify				OTHPRB60 OTHREL60 OTHSPC60	OTHPRB60 OTHREL60 OTHSPC60		

Body Composition and Bone Density Questionnaire Form
(Record 63)

Question	Year 7 or 8
Year of study	YEAR63

Time you ate last full meal
  Hour
  Minutes
  a.m./p.m.
	
	MEALHR63
	MEALMN63
	MEALAP63

In past year, gained or lost > 5 lbs	GAINLS63
Weight change due to something you did?	WTCHG63
Was dieting a major factor in weight change?	DIET63
Was exercise a major factor in weight change?	EXER63
Was surgery, illness or medication a major factor in weight change?	SGILMD63

What caused weight change?
  Overweight/obesity
  High blood pressure/hypertension
  High blood cholesterol
  Diabetes
  Heart disease
  Cancer
  Surgery
   Specify the surgery
  Medication
   Specify the medication
  Other
   Specify the other
  Don't know
	
	OVERWT63
	HIB63
	CHOL63
	DIAB63
	HRTDIS63
	CANCER63
	SURG63
	SRGSPC63
	MED63
	MEDSPC63
	OTHER63
	OTHSPC63
	DNTKN63

Question	Year 7 or 8
What was your maximum adult weight (excluding pregnancy)?	MAXWT63
How old were you at your maximum weight?	MAXAGE63
After 50 years old, did you ever have a confirmed broken or fracture bone?	BRBOND63

Which bone(s) did you break, and how old were you ?
  Hip/pelvis
   Age when first broken
  Ankle
   Age when first broken
  Wrist
   Age when first broken
  Upper arm (humerus)
   Age when first broken
  Spine (vertebra)
   Age when first broken
  Other
   Specify other
   Age when first broken
	
	HIP63
	HIPAGE63
	ANKLE63
	ANKAGE63
	WRIST63
	WRAGE63
	ARM63
	ARMAGE63
	SPINE63
	SPNAGE63
	BROTH63
	BOTHSP63
	BOTHAG63

How often did you drink milk in your teens (12-17)?	MILKTN63
How often did you drink milk when you were age 18-50?	MILKAD63
How often did you drink milk from age 50 on?	MILK5063
Have you had a replacement hip?	HIPRPL63

Body Composition and Bone Density Questionnaire Form
(Record 63)*

Question	Year 7 or 8
Do you have any metal objects in the abdomen area?	METAL63
Have you any tests using radioactive materials within the last ten days?	TESTS63
Do you agree to have bone scan?	AGREE63
If not today, date scheduled	SCHDAT63
Other reason for refusal	REFRSN63
Interviewer ID number	INTID63
Interview date	INTDAT63

Bone Composition & Bone Density Completion
(Record 64)*

Question	Year 7 or 8
Year of study	YEAR64
Results of DEXA, X-ray bone scan	
Hip	
Date of hip scan	HIPDAT64
Result of scan	HIPCMP64
Scan flagged for review	HIPFLG64
Reason scan incomplete or not done	HIPRSN64
Specify other reasons	HIPSPC64
Whole body	
Date of body scan	BDYDAT64
Result of scan	BDYCMP64
Scan flagged for review	BDYFLG64
Reason scan incomplete or not done	BDYRSN64
Specify other reasons	BDYSPC64
Interviewer ID number	TECHID64
Interview date	INTDAT64

NOTE: These data were collected on roughly 600 participants from Davis and 1,000 from Pittsburgh during years 7 and 8. The actual scan data are in SAS data sets.

Endothelial Function
(Record 76)*

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Data Selection Variable			DATE76		
Year of Study			YEAR76		
Date of Birth			BIRTH76		
Has doctor ever said you have Raynaud=s Phenomenon?			RAYNAU76		
Had radical mastectomy on either side			RADMAS76		
Eaten during the last 6hours? What eaten?			EATEN76 WHAT76		
Had any caffeinated drinks in last 6 hours? How many cups?			COFFEE76 CUPS76		
Smoked cigarettes in last 6 hours?			SMOKE76		

Taken any medications or vitamins today?
   Any vitamins?
      Multivitamin
      Vitamin E
      Vitamin C
      Beta-Carotene
      Vitamin B6
      Folate
   Any lipid/cholesterol medication?
   Any blood pressure medication?
   Any estrogen/progestin?
			MEDS76
			
			MULTI76
			VITE76
			VITC76
			BETAC76
			VITB76
			FOLATE76
			LIPID76
			BPMED76
			ESTROG76		

Brachial scan tape ID number			TAPEID76		

* Administered for the first time in Year 10

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Endothelial Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Time of day scan started: 　　Hour 　　Minute 　　AM/PM			BEGHR76 BEGMIN76 BEGAP76		
Cuff size: 　　Right Arm 　　Left Arm			CUFFR76 CUFFL76		
Dinamap used for resting blood pressure?			DINA76		
Baseline blood pressure and pulse: 　　Baseline systolic 　　Baseline diastolic 　　Baseline pulse			BASSYS76 BASDIA76 BASPUL76		
Tape start time: 　　Hour 　　Minute 　　Seconds			HOUR176 MIN176 SEC176		
Cuff inflated pressure			CUFFPR76		
Tape stop time: 　　Hour 　　Minute 　　Seconds			HOUR276 MIN276 SEC276		
Post blood pressure and pulse: 　　Post systolic 　　Post diastolic 　　Post pulse			POSSYS76 POSDIA76 POSPUL76		
Brachial scan complete?			BRACH76		

Endothelial Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12

Scanning continued after deflation?
  If yes, how long cuff inflated?
    Minutes
    Seconds
			SSCONT76
			
			CUFMIN76
			CUFSEC76		

Why scan not done or discontinued? Other reason, specify			WHYNOT76 WHSPEC76		
Position of participant			PPTPOS76		
Arm position			ARMPOS76		
Distance from antecubital crease to probe			DIST76		
Probe Angle			PROBE76		
Quality of scan			QUAL76		
Interviewer ID			INTID76		
Sonographer ID			SONID76		
Date of Procedure			PRODAT76		

Endothelial Data
(Record 78)*

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Data Selection Variable			BRDATE78		
Percent Change			PCTCHG78		

* Administered for the first time in Year 10.